

**Patient Details**

**Date:**

Name:

DOB:

Address:

Medicare No:

Serum Creatinine Level:

eFGR:

**Diagnostic Request**

**Reason for referral and clinical history**

Drs Alan Boles  
Peter Brookfield  
Tyson Reeve  
Charlotte Slaney  
Alister Darveniza  
Dougal Brown  
Solokara Karunaratne  
Sam Smith

**Centralised Appointments  
and Enquiries**

Ph: (07) 4759 2800  
Fax: (07) 4775 6460  
Email: Townsville@qldxray.com.au

**Mater Private Hospital  
– Pimlico**

Mercy Centre, 25 Fulham Road  
(Via Diprose St), Pimlico

**Mater Private Hospital  
– Hyde Park**

9-13 Bayswater Road, Hyde Park

**Domain Central**

Shop 21A Building I  
103 Duckworth Street, Garbutt

**Douglas – Discovery Rise**

Ground Floor, Clinical Practice  
Building, James Cook Drive,  
Douglas

**Fairfield**

Homemaker Centre  
Shop 9, 1 Darcy Drive, Idalia

**North Shore**

7/50 North Shore Boulevard,  
Burdell

**Follow-up appointment with Referring Doctor:**

**Referring Practitioner's Details**

Practitioner's Name:

Address:

Signature: \_\_\_\_\_

Copy to: \_\_\_\_\_

Thank you for referring your patient to Queensland X-Ray.

**Internal Use Only**

	Yes	No
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Front Office Check	<input type="checkbox"/>	<input type="checkbox"/>
Patient Identification verified	<input type="checkbox"/>	<input type="checkbox"/>
Procedure and consent verified	<input type="checkbox"/>	<input type="checkbox"/>
Correct side and site verified	<input type="checkbox"/>	<input type="checkbox"/>

Correct patient data and side markers

Tech initials: \_\_\_\_\_

Team leader signature: \_\_\_\_\_

**My Appointment**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Other: \_\_\_\_\_

For more information about your examination please visit [qldxray.com.au](http://qldxray.com.au)

**PLEASE NOTE: Bookings are required for all examinations except for plain x-rays.**

**HOSPITAL BASED PRACTICES (FOR COMPLEX AND INTERVENTIONAL PROCEDURES)**

	OPEN WEEKENDS	PLAIN X-RAY	OPG	LATERAL CEPHALOMETRY	FLUOROSCOPY	CT CARDIAC ANGIOGRAPHY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	EOS	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
<b>MATER PRIVATE HOSPITAL – PIMLICO</b> Mercy Centre, 25 Fulham Road (Via Diprose St), Pimlico	Sat 9am – 4pm Sun 9am – 1pm	•	•	•	•	•	•	•	•			3D	•		•	
<b>MATER PRIVATE HOSPITAL – HYDE PARK</b> Ground Floor, 9-13 Bayswater Road, Hyde Park		•			•		•	•	•	•			•	•	•	•

**COMMUNITY PRACTICE**

<b>DOMAIN CENTRAL</b> Shop 21A Building I, Domain Central, 103 Duckworth Street, Garbutt		•	•	•			•	•	•							•
<b>DOUGLAS – DISCOVERY RISE</b> Ground Floor, Clinical Practice Building, James Cook Drive, Douglas		•					•		•		•	3D				•
<b>FAIRFIELD</b> Homemaker Centre, Shop 9, 1 Darcy Drive, Idalia		•	•	•			•	•	•							
<b>NORTH SHORE</b> 7/50 North Shore Boulevard, Burdell		•	•				•	•	•							

**FOR AFTER HOURS EMERGENCY IMAGING, PLEASE CONTACT 4759 2800.**

Access your images and results online. For more information, please visit [qldxray.com.au/patients/online-access-patient-portal](http://qldxray.com.au/patients/online-access-patient-portal)

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