

For bookings call **1300 183 988**

Patient Details

Date: _____ DOB: _____ Medicare No: _____
 Name: _____
 Address: _____ Phone: _____

Diagnostic Request

Reason for referral and clinical history

GP Medicare rebateable studies are below. Please tick which items apply. (**3 services per 12 months)

MRI Person OVER 16

Head - 63551**

- Unexplained seizure
- Unexplained chronic headache

Spine - 63554**

- ? cervical radiculopathy

Spine - 63557**

- ? cervical spine trauma

Knee inability to extend after acute trauma - 63560** (50 years and over not eligible)

- ? ACL tear
- ? Meniscal tear

MRI Person UNDER 16

Head - 63507**

- Unexplained seizure
- Unexplained headache with pathology
- Paranasal sinus pathology unresponsive to therapy

Spine following prior radiology - 63510**

- ? significant trauma
- ? unexplained neck/back pain with neurological signs
- ? unexplained back pain with significant pathology

Hip following prior radiology - 63516

- ? septic arthritis
- ? Perthes disease
- ? slipped capital femoral epiphysis

Elbow following prior radiology - 63519

- ? fracture or avulsion

Wrist following prior radiology - 63522

- ? scaphoid fracture

Knee - 63513**

- ? internal derangement

Ultrasound Shoulder - 55864

- ? bicep subluxation
- ? capsulitis / bursitis
- ? ganglion occult fracture
- ? acromioclavicular joint pathology
- ? injury to tendon, muscle or tendon/muscle junction incl tears
- ? rotator cuff tears/calcification/tendinosis of bicep subscapular supraspinatus or infraspinatus

Ultrasound Knee - 55880

- ? abnormality tendon/ bursae
- collateral ligament injury
- ? meniscal / popliteal fossa cysts/ mass/pseudomass
- Nerve entrapment, nerve or nerve sheath tumour

BMD - subject to Medicare criteria

12321 12 mths+ since prior BMD. 12 mths since significant change in therapy

12320 First BMD, age 70+ 5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD

12312 12 mths+ since prior BMD (please also tick description) Male hypogonadism Prolonged glucocorticoid therapy (as per MBS) Female hypogonadism > 6mths before age 45 Conditions associated with excess glucocorticoid secretion

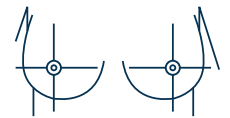
12306 24 mths+ since prior BMD (please also tick description) 1 or more fractures after minimal trauma Monitoring osteoporosis proven by prior BMD Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower

12315 24 mths+ since prior BMD (please also tick description) Primary hyperparathyroidism Conditions associated with thyroxine excess Proven malabsorptive disorders (Crohns, Coeliac) Rheumatoid arthritis Chronic liver / renal disease

12322 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T-score -1.5 to -2.5) on prior scan.

- Breast Diagnostic Assessment** - may include mammogram, ultrasound, biopsy.
- Previous breast cancer
- Significant family history of breast or ovarian cancer

- Symptoms or indications of breast disease found on examination of the patient by a medical practitioner (indicate area on diagram)



Referring Practitioner's Details

Practitioner's Name: _____

Address: _____

Signature: _____

Copy to: _____

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

Queensland X-ray Internal Use Only

Medical Imaging Final Check

- | | 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

OPEN WEEKENDS	X-RAY	DENTAL IMAGING	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	INTERVENTIONAL CT	ULTRASOUND	INTERVENTIONAL ULTRASOUND	CARDIAC CT	ECHOCARDIOGRAPHY	PREGNANCY IMAGING	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI
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AIRPORT CENTRAL

Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga
 Ph: 5513 3700 Email: gcairport@qldxray.com.au

BROADBEACH NEW LOCATION

Ground Floor, 2681 Gold Coast Highway, Broadbeach
 Ph: 5562 9000 Email: broadbeach@qldxray.com.au

GOLD COAST PRIVATE HOSPITAL

Ground Floor, 14 Hill Street, Southport
 Ph: 5552 5700 Email: gcph@qldxray.com.au

For bookings
Ph: 1300 183 988
 Fax: 07 5581 0922
 Email: gcbookings@qldxray.com.au

HELENSVALE

GC North Medical Hub - Homeworld Helensvale,
 502 Hope Island Road, Helensvale
 Ph: 5563 5200 Email: helensvale@qldxray.com.au

SOUTHPORT

Queen Street Village, Ground Floor, 127 Queen Street, Southport
 Ph: 5581 0900 Email: southport@qldxray.com.au

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Access your images and results online. For more information, please visit qldxray.com.au/patients/online-access-patient-portal

DOWNLOAD THE QXR PATIENT APP



Queensland X-Ray stores your images for FIVE years. Visit us for all your medical imaging and create a complete and highly secure five-year electronic radiology record which your doctor can access 24/7.

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Your doctor has recommended you use Queensland X-Ray. You may choose another provider but please discuss this with your doctor first.