

Patient Details

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



For bookings scan here
 or call 1300 781 926

Phone lines open from:
 7am - 8pm Monday - Friday
 7am - 4pm Saturday

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

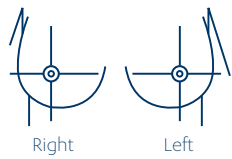
BMD - subject to Medicare criteria

- 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.

Myocardial Perfusion Studies (Nuclear Medicine) - 24 mths+ since prior MPS, age 17+

- 61329** The patient has symptoms of cardiac ischaemia; and one of the following applies:
- Stress echo unlikely to be adequate due to a) body habitus, including obesity, b) arrhythmia, including atrial fibrillation
 - Unable to exercise to the extent required for a stress echo to provide adequate information
 - Failed previous stress echo (in last 24 months)

- 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 a diagram)



Referring Practitioner's Details

Practitioner's Name: _____
 Address: _____
 Date: _____
 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"/>	
Patient Identification verified	<input type="checkbox"/>	
Procedure and consent verified	<input type="checkbox"/>	
Correct side and site verified	<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	EOS IMAGING	X-RAY	OPC & LATERAL CEPHALOMETRY	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	ULTRASOUND	ECHOCARDIOGRAPHY	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	PET/CT	MRI
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HOSPITAL PRACTICES

GREENSLOPES PRIVATE HOSPITAL Lower Lobby Level, Newdegate Street, Greenslopes	Ph: 3421 0444 Fax: 3847 4455	Sat	•	•	•	•	•	•	•	•	•	•	•	•
MATER PRIVATE HOSPITAL BRISBANE Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane	Ph: 3840 6200 Fax: 3212 9078	Sat & Sun	•	•	•	•	•	•	•	•	•	•	•	•
MATER HOSPITAL BRISBANE LEVEL 4, 32 Raymond Terrace, South Brisbane	Ph: 3212 9000 Fax: 3163 1850		•			•	•	•						•
MATER PRIVATE HOSPITAL SPRINGFIELD Level 2, 30 Health Care Drive, Springfield	Ph: 3470 3000 Fax: 3470 3030	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•
QUEEN ELIZABETH II JUBILEE HOSPITAL Kessels Road, Coopers Plains	Ph: 3712 2500 Fax: 3875 2866		•	•	•		•	•	•					•
SUNNYBANK PRIVATE HOSPITAL Level 1, 245 McCullough Street, Sunnybank	Ph: 3347 2700 Fax: 3344 4987	Sat AM	•	•	•		•	•	•		•			•

WOMEN'S CENTRES

MATER WOMEN'S IMAGING CENTRE Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane	Ph: 3840 6208 Fax: 3844 4277							•	•	3D		•		
ST VINCENT'S BRISBANE WOMEN'S IMAGING CENTRE Ground Floor, 411 Main Street, Kangaroo Point	Ph: 3227 0000 Fax: 3392 1769			•		•		•	•	3D				
SUNNYBANK WOMEN'S IMAGING CENTRE Suite 15, McCullough Centre 259 McCullough Street, Sunnybank	Ph: 3347 2755 Fax: 3345 2635							•	•	3D		•		

PET/CT CENTRES

PET/CT CENTRE GREENSLOPES Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes	Ph: 3727 7320 Fax: 3727 7333													•
PET/CT CENTRE MATER BRISBANE Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane	Ph: 3840 6200 Fax: 3844 6203													•

COMMUNITY PRACTICES

BAYSIDE (OPPOSITE REDLAND HOSPITAL) Medical Hub, 16 Weippin Street, Cleveland	Ph: 3488 5600 Fax: 3286 1768	Sat AM		•				•	•	•	•	3D	•	•
BEENLEIGH 105 City Road, Beenleigh	Ph: 3382 4944 Fax: 3287 4831	Sat AM		•	•	•		•	•				•	•
BOWEN HILLS 16 Thompson Street, Bowen Hills	Ph: 3024 4600 Fax: 3024 4666	Sat AM	•	•				•	•		•		•	•
BROWNS PLAINS 14 Grand Plaza Drive, Browns Plains	Ph: 3802 7605 Fax: 3809 2809	Sat AM		•	•			•	•					
CAPALABA Rickey St, Capalaba	Ph: 3906 4700 Fax: 3823 4302			•	•			•	•	•				
CLEVELAND 43 Wynyard Street, Cleveland	Ph: 3826 6700 Fax: 3286 4057			•	•			•	•				•	
COORPAROO 342 Old Cleveland Road, Coorparoo	Ph: 3456 3100 Fax: 3397 1120	Sat AM	•	•	•	•		•	•				•	•
LOGANHOLME 62 Bryants Road, Loganholme	Ph: 3380 7599 Fax: 3801 4843			•	•			•	•					
LOGAN CENTRAL Cnr Wembley & Kingston Roads (Service Road), Logan Central	Ph: 3387 4888 Fax: 3290 5655	Sat AM		•	•			•	•		•			•
LOGAN ROAD (GREENSLOPES) 589 Logan Road, Greenslopes	Ph: 3394 5800 Fax: 3847 9609			•	•			•	•		•			
MOUNT GRAVATT <small>NEW LOCATION</small> 1437 Logan Road (access via Gowrie Street), Mount Gravatt	Ph: 3347 0400 Fax: 3347 0401			•				•	•		•		•	•
SUNNYBANK MARKET SQUARE (昆士蘭X光 MARKET SQUARE) Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank	Ph: 3722 8300 Fax: 3344 5287			•	•			•	•					
TARINGA Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa	Ph: 3721 5300 Fax: 3721 5333	Sat AM	•	•				•	•	•	•	3D	•	•
WYNNUM 101 Clara Street, Wynnnum	Ph: 3900 4300 Fax: 3348 7466	Sat AM	•	•	•			•	•	•	•	3D	•	•

GOLD COAST PRACTICES

AIRPORT CENTRAL Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga	Ph: 5513 3700 Fax: 5513 3777			•				•	•	•	•	3D	•	•
BROADBEACH <small>NEW LOCATION</small> Ground Floor, 2681 Gold Coast Highway, Broadbeach	Ph: 5562 9000 Fax: 5562 9001			•				•	•					
GOLD COAST PRIVATE HOSPITAL Ground Floor, 14 Hill Street, Southport	Ph: 5552 5700 Fax: 5563 3403	Sat & Sun	•	•	•	•	•	•	•	•	•	3D	•	•
HELENSVALE GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale	Ph: 5563 5200 Fax: 5510 9096			•	•			•	•					•
SOUTHPORT Queen Street Village, Ground Floor, 127 Queen Street, Southport	Ph: 5581 0900 Fax: 5532 3983			•	•			•	•	•	•	•	•	•

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.

