

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

REFERRER DETAILS

FOR OFFICE USE ONLY

PRE-EXAMINATION CHECK

I confirm that prior to this examination the following processes were completed:

- Patient ID & Procedure Matching Process
 Informed Consent Obtained

Staff Initial _____

Date _____

FOR ALL EXAMINATIONS USING RADIATION

PREGNANT? Yes No

If yes, I confirm that Radiologist consent was obtained with approval to proceed
 Yes No

PREVIOUS FOR COMPARISON

Previous of same area Yes No

Date of previous _____

Radiology QLD Group Yes No

Other Yes No

Where _____

Report Attached Yes No

Returning to Referrer

Date _____

For IV contrast exams, recent creatinine level / eGFR:

Signature*

Date*

All reports and images are available electronically. Please tick below for your additional requests.

Referrals Forms Required

REPORTS Urgent Results Fax Download Phone Film Copy reports to:

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

PATIENT PREPARATION

- X-RAY/OPG:** No appointment or preparation required.
- CT:** You will receive instructions before your appointment.
- ULTRASOUND ABDOMEN:** Fast for 8 hours, nothing to eat, drink, chew or smoke prior to appointment. Small sips of water and medication allowed.
- ULTRASOUND PELVIS/KUB & OBSTETRIC:** Must present with full bladder, we suggest drinking 1L of water to be completed 1 hour prior to appointment time. Further instructions to be provided.
- MAMMOGRAPHY:** Do not wear perfume, deodorant or powder before your exam. A two-piece outfit is preferred, as you will need to remove everything from the waist up.

Appointment Date: _____

Appointment Time: _____

Preparation Notes: _____

LOCATIONS

CHAPEL HILL:

636 Moggill Rd, Chapel Hill

Tel: 07 3115 9155

Fax: 07 3115 9188

Email: chapelhill@radiologyqldgroup.com.au

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INALA:

147 Inala Ave, Inala

Tel: 07 3372 1939

Fax: 07 3372 9562

Email: inala@radiologyqldgroup.com.au

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OXLEY:

Canossa Private Hospital,

169 Seventeen Mile Rocks Rd, Oxley

Tel: 07 3375 9522

Fax: 07 3375 9344

Email: oxley@radiologyqldgroup.com.au

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SUNNYBANK:

171 McCullough St, Sunnybank

Tel: 07 3330 6455

Fax: 07 3330 6488

Email: sunnybank@radiologyqldgroup.com.au

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UNDERWOOD:

183 Kingston Rd, Underwood

Tel: 07 3219 8877

Fax: 07 3219 8811

Email: underwood@radiologyqldgroup.com.au

SERVICES



Scan to request an appointment

| | Xray | Ultrasound | Echocardiography | Bone Density Study (BMD) | Mammography | Dental / OPG | Dentascans | CT | CT Calcium Scoring | Interventional Radiology & Pain Management |
|-------------|------|------------|------------------|--------------------------|-------------|--------------|------------|----|--------------------|--|
| Chapel Hill | ✘ | ✘ | ✘ | ✘ | ✘ | ✘ | ✘ | ✘ | ✘ | ✘ |
| Inala | ✘ | ✘ | | | | ✘ | | ✘ | | ✘ |
| Oxley | ✘ | ✘ | ✘ | | | ✘ | | ✘ | | ✘ |
| Sunnybank | ✘ | ✘ | ✘ | | | | | ✘ | | ✘ |
| Underwood | ✘ | ✘ | ✘ | ✘ | ✘ | ✘ | | ✘ | | ✘ |

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