



PATIENT DETAILS

Name* DOB*

Address*

Contact Number* Workers Comp

Medicare Number Third Party

EXAMINATION REQUESTED

FULL MEDICARE REBATE
Requested by Podiatrist

- X-Ray Foot L / R
- X-Ray Ankle L / R
- X-Ray Knee L / R
- X-Ray Lower Leg L / R
- US Mid/Forefoot L / R
- US Ankle/Hindfoot L / R
- US of Mass

FULL MEDICARE REBATE
Requested by Osteo & Physio

- X-Ray Cervical Spine
- X-Ray Thoracic Spine
- X-Ray Lumbar Spine
- X-Ray Sacrococcygeal
- X-Ray Hip
- X-Ray Pelvis

REDUCED MEDICARE REBATE
Requested by all Allied Health

- X-Ray Region (Other):

- Ultrasound Region:

- Other Examination:

AREA TO BE EXAMINED & CLINICAL NOTES

Allergies Urgent Pregnant: YES NO

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* Specialty*

Address* Provider Number*

Contact Number* Fax Number:

**Must be completed*

Signature* Date*

All reports and images are available electronically (via IntelRad and/or downloads).
Please tick below for your additional requests.

Referral Pads Required

REPORTS Urgent Results Fax Download Phone Film Copy reports to:

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: _____

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 | + | + | + | + | + | + | | + | | + |

LOCATIONS

CHAPEL HILL:

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INALA:

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Email: inala@radiologyqldgroup.com.au

OXLEY:

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169 Seventeen Mile Rocks Rd, Oxley

Tel: 07 3375 9522

Fax: 07 3375 9344

Email: oxley@radiologyqldgroup.com.au

SUNNYBANK:

171 McCullough St. Sunnybank

Tel: 07 3330 6455

Fax: 07 3330 6488

Email: sunnybank@radiologyqldgroup.com.au

UNDERWOOD:

183 Kingston Rd, Underwood

Tel: 07 3219 8877

Fax: 07 3219 8811

Email: underwood@radiologyqldgroup.com.au

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