



PATIENT DETAILS

Name* _____ DOB* _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

EXAMINATION REQUESTED

Cervical Spine: A.P. Lumbar Spine: A.P (incl. Pelvis)

Cervical Spine: A.P Open Mouth Lumbar Spine: A.P

Cervical Spine: Oblique Lumbar Spine: Lateral (Neutral)

Cervical Spine: Lateral (Neutral) Lumbar Spine: Lateral (Flex/Ext)

Cervical Spine: Lateral (Flex/Ext)

Thoracic : A.P Lumbar Spine: Oblique

Thoracic : Lateral Pelvis: Pelvis

Non Referred / No Rebate Items

X-Ray:

Ultrasound:

Other:

AREA TO BE EXAMINED & CLINICAL NOTES

Allergies _____ Urgent Pregnant: YES NO

For IV contrast exams, recent creatinine level / eGFR: _____

REFERRER DETAILS

Name* _____ Speciality* _____

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

										
	Xray	Ultrasound	Echocardiography	Bone Density Study (BMD)	Mammography	Dental / OPG	Dentascans	CT	CT Calcium Scoring	Interventional Radiology & Pain Management
Scan to request an appointment										
Chapel Hill	+	+	+	+	+	+	+	+	+	+
Inala	+	+				+		+		+
Oxley	+	+	+			+		+		+
Sunnybank	+	+	+					+		+
Underwood	+	+	+	+	+	+		+		+

LOCATIONS

CHAPEL HILL:

636 Moggill Rd, Chapel Hill

Tel: 07 3115 9155

Fax: 07 3115 9188

Email: chapelhill@radiologyqldgroup.com.au

INALA:

147 Inala Ave, Inala

Tel: 07 3372 1939

Fax: 07 3372 9562

Email: inala@radiologyqldgroup.com.au

OXLEY:

Canossa Private Hospital,

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.