

PATIENT DETAILS

Name\* DOB\*

Address\*

Contact Number\*  Workers Comp

Medicare Number  Third Party

EXAMINATION REQUESTED

- OPG
- Lat Ceph
- TMJ
- Sinuses
- Bone Age
- Other

AREA TO BE EXAMINED

Upper Jaw  
18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

Lower Jaw  
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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.