



PATIENT DETAILS

**Name\*** \_\_\_\_\_ **DOB\*** \_\_\_\_\_

**Address\*** \_\_\_\_\_

**Contact Number\*** \_\_\_\_\_  Workers Comp

**Medicare Number** \_\_\_\_\_  Third Party

EXAMINATION REQUESTED

- |  |   |
|--|---|
| <input type="checkbox"/> General X-Ray | <input type="checkbox"/> 3D Mammography   |
| <input type="checkbox"/> OPG / Dental  | <input type="checkbox"/> Interventional Procedure (Inc. Injections / FNA / Core Biopsy) |
| <input type="checkbox"/> CT (low dose) | <input type="checkbox"/> Bone Mineral Density   |
| <input type="checkbox"/> Ultrasound    | <input type="checkbox"/> 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\*** \_\_\_\_\_

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.

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

- REPORTS**  Urgent Results  Fax  Download  
 Phone  Film  Copy reports to: \_\_\_\_\_  
 Referral Pads Required

## 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.