

**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:

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Ultrasound:

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Other:

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

\_\_\_\_\_

\_\_\_\_\_

## LOCATIONS

### CHAPEL HILL:

636 Moggill Rd, Chapel Hill

**Tel:** 07 3115 9155

**Fax:** 07 3112 6164

**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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### UNDERWOOD:

183 Kingston Rd, Underwood

**Tel:** 07 3219 8877

**Fax:** 07 3219 8811

**Email:** underwood@radiologyqldgroup.com.au

## SERVICES

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



Scan to  
request an  
appointment

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