

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

REFERRER DETAILS

For IV contrast exams, recent creatinine level / eGFR:

Signature\*

Date\*

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:

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.

Referrals Forms Required

**FOR OFFICE USE ONLY**

**PRE-EXAMINATION CHECK**

I confirm that prior to this examination the following processes were completed:

- Patient ID & Procedure Matching Process  
 Informed Consent Obtained

Staff Initial \_\_\_\_\_

Date \_\_\_\_\_

**FOR ALL EXAMINATIONS USING RADIATION**

PREGNANT? Yes  No

If yes, I confirm that Radiologist consent was obtained with approval to proceed  
 Yes  No

**PREVIOUS FOR COMPARISON**

Previous of same area Yes  No

Date of previous \_\_\_\_\_

Radiology QLD Group Yes  No

Other Yes  No

Where \_\_\_\_\_

Report Attached Yes  No

**Returning to Referrer**

Date \_\_\_\_\_

## 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.