



PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

EXAMINATION REQUESTED

- General X-Ray
- OPG / Dental
- CT (low dose)
- Ultrasound
- 3D Mammography
- Interventional Procedure (Inc. Injections / FNA / Core Biopsy)
- Bone Mineral Density
- Other: _____

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*** _____

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 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.