



PATIENT DETAILS

Name* DOB*

Address*

Contact Number* Workers Comp

Medicare Number Third Party

- Spine Hip Forearm
 Male Female Other

Prior DEXA Examination Date: _____ / _____ / _____

EXAMINATION REQUESTED

Body Composition Assessment (non-rebatable)

Body Mineral Density (DEXA)

Baseline or follow-up not covered by Medicare (non-rebatable)

Item 12320 (one service in 5 year period)

Patients aged over 70 for:

- An initial study
 The T-score on the previous test was -1.5 or greater

Item 12322 (one service in 24 month period)

Patients over 70 and the T-score on the previous test was less than -1.5 but greater than -2.5

Item 12321 (one service in 12 month period)

- Measurement at least 12 months after significant change in therapy
 Measurement of BMD after confirmation of a presumptive diagnosis of low BMD after one or more fractures

Item 12306 (one service in 24 month period)

- Presumed osteoporosis following minimal trauma fracture
 Monitoring osteoporosis proven by bone densitometry at least 12 months previously

Item 12315 (one service in 24 month period)

- Primary hyperparathyroidism Hyperthyroidism
 Chronic liver disease Rheumatoid arthritis
 Chronic renal disease Malabsorption

Item 12312 (one service in 12 month period)

- Prolonged corticosteroid therapy
 Conditions associated with excess glucocorticoid secretion
 Hypogonadism M/F (if F - lasting at least 6/12 and age < 45)

CLINICAL NOTES

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:

- 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.
- ECHOCARDIOGRAPHY:** No preparation.
- 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.
- MRI:** As advised by booking clerk.

Appointment Date: _____

Appointment Time: _____

Preparation Notes: _____



Scan to request an appointment online

| | Xray | Ultrasound | Nuchal Translucency | Echocardiography | Bone Density Study (BMD) | Mammography | Dental/OPG | Dentascan | CT | CT Virtual Colonoscopy | CT Calcification Scoring & Cardiac Angiography | Long Leg Imaging | Interventional Radiology & Pain Management | MRI |
|--------------------------|------|------------|---------------------|------------------|--------------------------|-------------|------------|-----------|----|------------------------|--|------------------|--|-----|
| Gatton | ● | ● | | ● | | | ● | | ● | | | | | ● |
| Plainland | ● | ● | | | | | | | ● | | | | | |
| Ipswich (North) | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | |
| Ipswich (South) | ● | ● | | ● | | | | | ● | | | | ● | ● |
| Springfield Lakes | ● | ● | ● | ● | | | ● | ● | ● | | ● | | ● | |



Exact Radiology

CLINICS

GATTON:

18 William St, Gatton
Tel: 07 5462 3211
Fax: 07 5462 3244
Email: gatton@exactradiology.com.au

PLAINLAND:

Shop 12 Plainland Plaza,
 3 Gehrke Rd, Plainland
Tel: 07 5317 6050
Fax: 07 5317 6051
Email: plainland@exactradiology.com.au

IPSWICH (NORTH):

Riverlink Shopping Centre,
 2 The Terrace, North Ipswich
Tel: 07 3281 9051
Fax: 07 3281 9403
Email: ipswich.north@exactradiology.com.au

IPSWICH (SOUTH):

University of Southern
 Queensland, Building 5,
 11 Salisbury Rd, Ipswich
Tel: 07 3894 9755
Fax: 07 3894 9788
Email: ipswich.south@exactradiology.com.au

SPRINGFIELD LAKES:

Spring Lake Metro Shopping Centre,
 1 Springfield Lakes Blvd
 Springfield Lakes
Tel: 07 3436 0600
Fax: 07 3288 1688
Email: springfield@exactradiology.com.au