



PATIENT DETAILS

Name\* DOB\*

Address\*

Contact Number\*  Workers Comp

Medicare Number  Third Party

EXAMINATION REQUESTED

- |   |   |
|---|---|
| <input type="checkbox"/> Cervical Spine: A.P                | <input type="checkbox"/> Lumbar Spine: A.P (incl. Pelvis) |
| <input type="checkbox"/> Cervical Spine: A.P Open Mouth     | <input type="checkbox"/> Lumbar Spine: A.P                |
| <input type="checkbox"/> Cervical Spine: Oblique            | <input type="checkbox"/> Lumbar Spine: Lateral (Neutral)  |
| <input type="checkbox"/> Cervical Spine: Lateral (Neutral)  | <input type="checkbox"/> Lumbar Spine: Lateral (Flex/Ext) |
| <input type="checkbox"/> Cervical Spine: Lateral (Flex/Ext) | <input type="checkbox"/> Lumbar Spine: Oblique            |
| <input type="checkbox"/> Thoracic : A.P                     | <input type="checkbox"/> Pelvis: Pelvis                   |
| <input type="checkbox"/> Thoracic : Lateral                 |   |

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

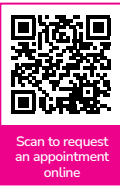
**Preparation Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



	Xray	Ultrasound	Nuchal Translucency	Echocardiography	Bone Density Study (BMD)	Mammography	Dental/OPG	Dentascans	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

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