



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

\_\_\_\_\_

\_\_\_\_\_

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Scan to request an appointment online

	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
<b>Gatton</b>	●	●		●			●		●					●
<b>Plainland</b>	●	●							●					
<b>Ipswich (North)</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>Ipswich (South)</b>	●	●		●					●				●	●
<b>Springfield Lakes</b>	●	●	●	●			●	●	●		●		●	



# Exact Radiology

CLINICS

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**IPSWICH (NORTH):**

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