

For appointments call

**07 5436 0888**

Please see over for services, clinic locations, exam preparation and contact information

PATIENT

Patient Name

Address

DOB

Medicare/DVA No.

This is a WorkCover Claim

Examination Requested

EXAMINATION

If contrast is required, recent eGFR

Clinical Details

REFERRER

Referred By

Contact Details

Provider Number

Copy To

Signature

Date

**Medicare Specific Clinical Indications**

Please tick if applicable

**ULTRASOUND**

**Shoulder Ultrasound**

Evaluation of injury to tendon, muscle or muscle/tendon junction

Rotator cuff tear/calcification/tendinosis (biceps, subscapular, supraspinatus, infraspinatus); or biceps subluxation

Capsulitis and bursitis

Evaluation of mass including ganglion

Occult fracture

Acromioclavicular joint pathology

**Knee Ultrasound**

Abnormality of tendons or bursae

Meniscal cyst, popliteal fossa cyst, mass

Nerve entrapment or tumour

Injury of collateral ligaments

**MRI - GP REFERRED**

Patients 16 years and older

Additional codes available for <16 yrs

**MRI Head**

Unexplained seizures

Chronic headache with suspected intracranial pathology

**MRI - Knee - Under 50 yrs**

Acute meniscal tear

Acute anterior cruciate ligament tear

**MRI Cervical Spine**

Trauma

Radiculopathy

**OFFICE USE ONLY**

3 Patient ID Check

Procedure & Consent

Site & Side

Pregnancy Excluded

Returning to Dr today

Initials

For appointments call **07 5436 0888**  
or visit [www.xrayimaging.com.au](http://www.xrayimaging.com.au)

LOCATION	ADDRESS	X-Ray	CT Scans	Ultrasound	Echocardiogram	Injections	OPG	Bone Density (BMD)	MRI	Nuclear Medicine
Beerwah	72 Simpson St, Beerwah QLD 4519	✓	✓	✓			✓			
Caloundra	67 Bowman Rd, Caloundra QLD 4551	✓	✓	✓	✓	✓	✓	✓	✓	✓
Coolum	5 Birtwill St, Coolum Beach QLD 4573	✓	✓	✓	✓	✓	✓	✓		
Cooroy	46 Maple St, Cooroy QLD 4563	✓	✓	✓	✓	✓	✓	✓		
Kawana	3/7 Nicklin Way, Minyama QLD 4575	✓	✓	✓		✓	✓			
Maroochydore	49 Baden Powell St, Maroochydore QLD 4558	✓	✓	✓	✓	✓	✓	✓	✓	✓

## PREPARATIONS

### CT

#### Angiogram

Fast 2 hours prior to examination and be well hydrated. No need to hold bladder.

#### Neck, Chest, Abdomen, Pelvis & Renal

Fast 2 hours prior to examination. Drink 2 glasses of water 1 hour prior to appointment, then one glass every 15 minutes until appointment. No need to hold bladder, but please avoid emptying bladder 20 minutes prior to scan.

#### CT Guided Intervention

Up-to-date preliminary imaging on area is required prior to procedure. You will require a driver to drive you home following procedure.

#### All Other CT Examinations

If preparation is required, this will be advised to you at time of scheduling the appointment.

### ULTRASOUND

#### Upper Abdominal

Fast 6 hours prior to examination.

#### Abdominal Arterial

Fast 12 hours prior to examination.

#### Leg Arterial/Veins

Please be well hydrated.

#### Early Pregnancy

Empty bladder 90 minutes prior to examination. Over the following 30 minutes, drink 500mls of water and hold.

#### Nuchal Translucency

Empty bladder 90 minutes prior to examination. Over the following 30 minutes drink 500mls of water and hold. Please have blood test performed 3 days prior to the appointment. Best performed between 12+4 and 13+6 weeks gestation.

#### Pelvic & Renal

Empty bladder 90 minutes prior to examination. Over the following 30 minutes, drink 1L of water and hold.

#### Morphology

Please be well hydrated. No need to hold bladder. Best performed between 20 and 22 weeks gestation.

#### Ultrasound Guided Intervention

Up-to-date preliminary imaging of area is required prior to the procedure.

#### All Other Ultrasound Examinations

If preparation is required, this will be advised to you at time of scheduling the appointment.

### CARDIAC

#### CT Calcium Scoring

No stimulants (caffeine, chocolate, alcohol, or energy drinks) to be consumed 12 hours prior to examination. No exercise or cigarettes on the day of examination.

#### Echocardiogram

Please do not apply any body lotion or sunscreen to your chest before the appointment. For your comfort we recommend you wear two-piece clothing.

#### Myocardial Perfusion Study

No stimulants (caffeine, chocolate, alcohol, or energy drinks) to be consumed within the 24 hours leading up to examination. Fast 4 hours prior to examination. Wear a comfortable, loose-fitting shirt (not a dress), as well as joggers and no underwire bra if possible.

### MRI & NUCLEAR MEDICINE

All referrals for MRI or Nuclear Medicine examinations are required to be emailed or faxed to the relevant department. Once received, our booking consultants will phone you to arrange an appointment and advise of any preparation instructions.

## EMAIL REFERRALS TO

### MRI EXAMINATIONS

[mri@xrayimaging.com.au](mailto:mri@xrayimaging.com.au)

### NUCLEAR MEDICINE EXAMINATIONS

[nucmed@xrayimaging.com.au](mailto:nucmed@xrayimaging.com.au)

### ALL OTHER EXAMINATIONS

[bookings@xrayimaging.com.au](mailto:bookings@xrayimaging.com.au)

Bulk Billing available for selected Medicare eligible services.

For appointments call **07 5436 0888** or visit [www.xrayimaging.com.au](http://www.xrayimaging.com.au)