



### General Request

PLEASE BRING ANY RELEVANT PREVIOUS X-RAYS FOR COMPARISON | **IMPORTANT** - REFERRING DOCTOR'S SURGERY TO COMPLETE

Patient name: .....

Patient Address: .....

..... D.O.B. ....

Your next appointment is on ..... at ..... AM/PM

#### Examination Required

*Please bring previous films to your appointment*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> X-Ray                              | <input type="checkbox"/> Angiography              | <input type="checkbox"/> Mammogram and Ultrasound |
| <input type="checkbox"/> CT Coronary Angiography            | <input type="checkbox"/> MRI Scan                 | <input type="checkbox"/> Breast Ultrasound Only   |
| <input type="checkbox"/> CT Scan                            | <input type="checkbox"/> OPG                      | <input type="checkbox"/> Mammogram Screening      |
| <input type="checkbox"/> Ultrasound With Doppler/Vascular   | <input type="checkbox"/> Lateral Cephalogram      | <input type="checkbox"/> Mammogram Diagnostic     |
| <input type="checkbox"/> Ultrasound Without Doppler         | <input type="checkbox"/> Nuclear Medicine Scan    | <input type="checkbox"/> PET Scan                 |
| <input type="checkbox"/> Echo-Cardiography                  | <input type="checkbox"/> Bone Densitometry        | <input type="checkbox"/> Elastography             |
| <input type="checkbox"/> Coronary Artery Calcification Scor | <input type="checkbox"/> Interventional Procedure |   |

#### Region to be Examined

#### Clinical Details

- Pregnant       Renal impairment eGFR, .....       Contrast Allergy

#### Referring Clinician

Name: .....

Address/Provider No.: .....

Account to:     Medico-legal       Workers Comp.       Patient

Date: .....

SIGNATURE: .....

FILMS     Please tick for printed images

URGENT REPORT     Phone / Fax No.: ..... Time Required: ..... am. / pm.

Send copy to: .....

#### PRE-EXAMINATION CHECK

I confirm that prior to this examination the following processes were completed:

- Patient ID & Procedure Matching Process  
 Informed Consent Obtained

Clin Staff sign:.....

Date:.....

#### FOR ALL EXAMINATIONS USING RADIATION

PREGNANT?     YES     NO

PT to sign: .....

I confirm that prior to this examination the following processes were completed:

- A Justification and Approval Process

MRP to sign:.....



# Queensland Diagnostic Imaging

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Location	Address	Phone	Fax	CT	MRI	CARDIAC CT	CALCIUM SCORING	ECHOCARDIOGRAPHY	FLUOROSCOPY	BMD/DEXA	MAMMOGRAPHY	NUCLEAR MEDICINE	DENTAL XRAY	INTERVENTIONAL PROC	VASCULAR ULTRASOUND	ULTRASOUND	XRAY	CONE BEAM	PET CT	ELASTOGRAPHY
Beenleigh	204 Main Street	07 3412 7760	07 3412 7761	✓			✓			✓			✓	✓	✓	✓	✓			✓
Brisbane Private	259 Wickham Terrace	07 3834 6125	07 3834 6137	✓	✓	✓	✓		✓					✓	✓	✓	✓	✓		✓
Bribie Island	37 Charlotte Avenue	07 3410 1688	07 3410 1699	✓				✓		✓			✓	✓	✓	✓	✓			
Browns Plains	Shop 2, 10 Grand Plaza Drive	07 3380 0160	07 3380 0161	✓				✓					✓	✓	✓	✓	✓			
Burpengary Central	Shop 9, 164 Station Road	07 3888 2447	07 3888 2663	✓				✓					✓	✓	✓	✓	✓			
Caboolture	125 Morayfield Road	07 5499 3891	07 5428 3673	✓	✓		✓	✓		✓	✓		✓	✓	✓	✓	✓			✓
Caloundra	18 Mayes Avenue	07 5438 5959	07 5438 5960	✓						✓			✓	✓	✓	✓	✓	✓		
St Vincent's Private	Ground Floor, 627 Rode Road, Chermiside	07 3256 4011	07 3256 4022	✓	✓	✓	✓	✓			✓		✓	✓	✓	✓	✓	✓	✓	✓
SVPHN Breast Health Centre	627 Rode Road, Chermiside	07 3350 6633	07 3326 3636								✓			✓						
Indooroopilly	60 Coonan Street	07 3871 4310	07 3871 4330	✓			✓	✓		✓	✓		✓	✓	✓	✓	✓			
Ipswich	Suite 5, 30 Limestone Street	07 3413 3133	07 3413 3134	✓	✓		✓	✓		✓			✓	✓	✓	✓	✓			
Ipswich Riverlink	Riverlink Medical & Dental Centre, Lowry Street	07 3413 6660	07 3413 6661	✓									✓	✓	✓	✓				
Kawana	Pulse Oceanside Medical, L1, 11 Eccles Blvd	07 3648 5370	07 3648 5398	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓			
Mt Ommaney	171 Dandenong Road	07 3376 1500	07 3376 0422	✓			✓			✓			✓	✓	✓	✓	✓	✓		
Murrumba Downs	Cnr Dohles Rocks Road & Goodrich Road	07 3049 9060	07 3049 9062	✓				✓					✓	✓	✓	✓	✓			
Murwillumbah Hospital	Ewing Street	02 6672 3565	02 6672 0266	✓									✓	✓	✓	✓	✓			
Noosa Hospital	111 Goodchap Street	07 5430 5200	07 5430 5222	✓			✓		✓		✓		✓	✓	✓	✓	✓			✓
North Lakes	1 Winn Street, Cnr Gregor Street West	07 3142 1611	07 3142 1620	✓			✓			✓	✓		✓	✓	✓	✓	✓			
North West Hospital	137 Flockton Street, Everton Park	07 3353 5011	07 3353 5005	✓			✓	✓	✓	✓			✓	✓	✓	✓	✓			
Oxley	Shop 19-24, 146 Blunder Road	07 3295 5560	07 3295 5561	✓			✓	✓					✓	✓	✓	✓	✓			
Peninsula	Cnr George & Florence Streets	07 3284 7999	07 3284 3691	✓			✓	✓		✓			✓	✓	✓	✓	✓			
Richlands	199 Progress Road, Cnr Progress & Gardens Road	07 3879 3730	07 3879 3261	✓				✓					✓	✓	✓	✓	✓			
Robina	1 Campus Crescent	07 5675 4760	07 5675 4768	✓				✓						✓	✓	✓	✓			
Southport	89 Minnie Street	07 5680 0060	07 5680 0061	✓			✓	✓		✓			✓	✓	✓	✓	✓			
Springfield	Cnr Topaz Road & Sapphire Street	07 3413 7760	07 3413 7761	✓									✓	✓	✓	✓	✓			
Strathpine	Suite 11, 32 Dixon Street	07 3889 6999	07 3889 6988	✓				✓		✓	✓		✓	✓	✓	✓	✓			
Tweed Hospital	Powell Street	07 5599 3935	07 5599 4730	✓	✓				✓				✓	✓	✓	✓	✓			
Toowoomba	261 James Street (entrance on West Street)	07 4642 2060	07 4642 2061	✓									✓		✓	✓	✓			
Varsity Lakes	2 Lake Street (entrance on University Drive)	07 5585 3700	07 5585 3729	✓	✓	✓	✓			✓			✓	✓	✓	✓	✓			✓
Victoria Point	349-369 Colburn Avenue	07 3401 9560	07 3401 9561	✓				✓					✓	✓	✓	✓	✓			

## WAVE RADIOLOGY

Ballina	Cnr Cherry & Tamar Streets	02 6620 5000	02 6620 5001	✓				✓		✓	✓		✓	✓	✓	✓	✓			
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## SCAN RADIOLOGY

Nundah	79 Buckland Road	07 3115 1200	07 3256 7578	✓				✓		✓	✓		✓	✓	✓	✓	✓			
Sandgate	Bon Accord Shopping Centre, Lagoon Street	07 3269 9165	07 3269 4304	✓				✓		✓			✓	✓	✓	✓	✓			

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