



PATIENT DETAILS

Name _____

Address _____

D.O.B. _____

Medicare No. _____

EXAMINATION REQUIRED

- X-ray
- Ultrasound
- CT
- MRI
- Other

MEDICAL IMAGING USE

- Patient ID
- Procedure & Consent
- Correct Site & Side
- Pregnancy Excluded
- Are you returning to your Doctor today?

_____ Initials

REASON FOR INVESTIGATION

REFERRING DOCTOR'S DETAILS

Name _____

Address _____

Signature _____ Date _____

Your doctor has recommended that you use X-Ray & Imaging.
You may use another provider but please discuss with your doctor first.

LOCATION	ADDRESS	X-RAY	CT SCANS	ULTRASOUND	ECHOCARDIOGRAM	INJECTIONS	OPG	MAMMOGRAPHY	BMD	MRI	NUCLEAR MEDICINE	PAIN CLINIC
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	✓	✓	✓	✓	✓	✓		✓			
GOLDEN BEACH	28 Landsborough Pde, Golden Beach QLD 4551	✓		✓					✓			
KAWANA	3/7 Nicklin Way, Minyama QLD 4575	✓	✓	✓	✓	✓	✓		✓			✓
MALENY	7/39 Coral St, Maleny QLD 4552	✓	✓	✓	✓	✓	✓		✓			
MAROOCHYDORE	49 Baden Powell St, Maroochydore QLD 4558	✓	✓	✓	✓	✓	✓		✓	✓	✓	
MORAYFIELD	1/19 Dickson Rd, Morayfield QLD 4506	✓	✓	✓	✓	✓	✓	✓	✓		✓	
SIPPY DOWNS	1/9 Ochre Way, Sippy Downs QLD 4556	✓	✓	✓	✓	✓	✓		✓			

PREPARATIONS

CT SCAN

Neck/Chest/Abdomen/Pelvis/Renal/Angiogram
Fast for 4 hours prior to examination.
Drink 1 litre of water during the hour prior to your appointment. No need to hold full bladder.

Other CT procedures

Preparation will be explained when booking is required.

ULTRASOUND

Pregnancy Scan / Pelvis / Renal

Please drink 1 litre of water 90 mins before your appointment and hold.
A full bladder is required for this scan.
Renal - requires 6 hour fast prior.
Abdomen/Arterial
Nothing to eat or drink for 8 hours prior to your appointment.

Other Ultrasound Procedures

No preparation unless otherwise instructed.

INTERVENTIONAL PROCEDURES

(Ultrasound & CT)

Up to date imaging on area is required prior to procedure.
Preparation will be explained when booking is required.

X-RAY | OPG | DEXA (Bone Densitometry)

Remove jewellery from area of examination.
Walk in X-Ray & OPG accepted.

MAMMOGRAM

No deodorant / perfume / talcum powder / moisturising creams.

MRI SCANS (Caloundra & Maroochydore)

All referrals need to be faxed or emailed to MRI.
You will be phoned to arrange an appointment and preparation will be explained.

Email: mri@xrayimaging.com.au
Fax: Caloundra (07) 5436 0899

PAIN CLINIC

All referrals need to be faxed or email to Pain Clinic.
You will be phoned to arrange an appointment and preparation will be explained.

Email: painclinic@xrayimaging.com.au
Fax: (07) 5458 4499

REMEMBER TO BRING TO YOUR APPOINTMENT

- This referral Concession / DVA card Previous imaging / Reports / Blood test
 Medicare card If applicable: Work cover number and approval letter

PATIENT APP

View your images online via our XRI Patient app. Search **XRI Patient app** on either the Apple App Store or Google Play Store.

EMAIL REFERRALS TO : bookings@xrayimaging.com.au

FOLLOW US :  @xrayimaging

Bulk Billing available for most Medicare eligible services.