



**PATIENT DETAILS**

Name:  
Address:  
Phone: Mobile:  
D.O.B: Medicare No.:

**EXAMINATION REQUIRED**

MRI X-ray CT  
CT Interventional  
Ultrasound  
US Injections  
Biopsy FNA  
BMD  
Mammography  
Dental / OPG  
Echocardiography  
Workers  
Compensation  
24 Hour Holter  
Monitoring

**REASON FOR INVESTIGATION**

Cardiology Consultation +/- Review for Premedication  CTCA

Films NB QRS do not print films routinely. If films are required please check box below and films will be given to patient at the time of imaging.

Print film  Do not send to My Health Record

**REFERRING DOCTOR'S DETAILS**

Doctor's Name:  
Provider Number:  
Address:  
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SERVICES

- ✓ X-Rays
- ✓ Ultrasounds
- ✓ Women's Imaging
- ✓ Echocardiogram
- ✓ Body Composition Scanning
- ✓ Interventional Procedures
- ✓ CT Scans
- ✓ Joint Injections
- ✓ Dental OPG
- ✓ Sports Imaging
- ✓ BMD / DEXA
- ✓ Workers Compensation
- ✓ 24 Hour Holter Monitoring

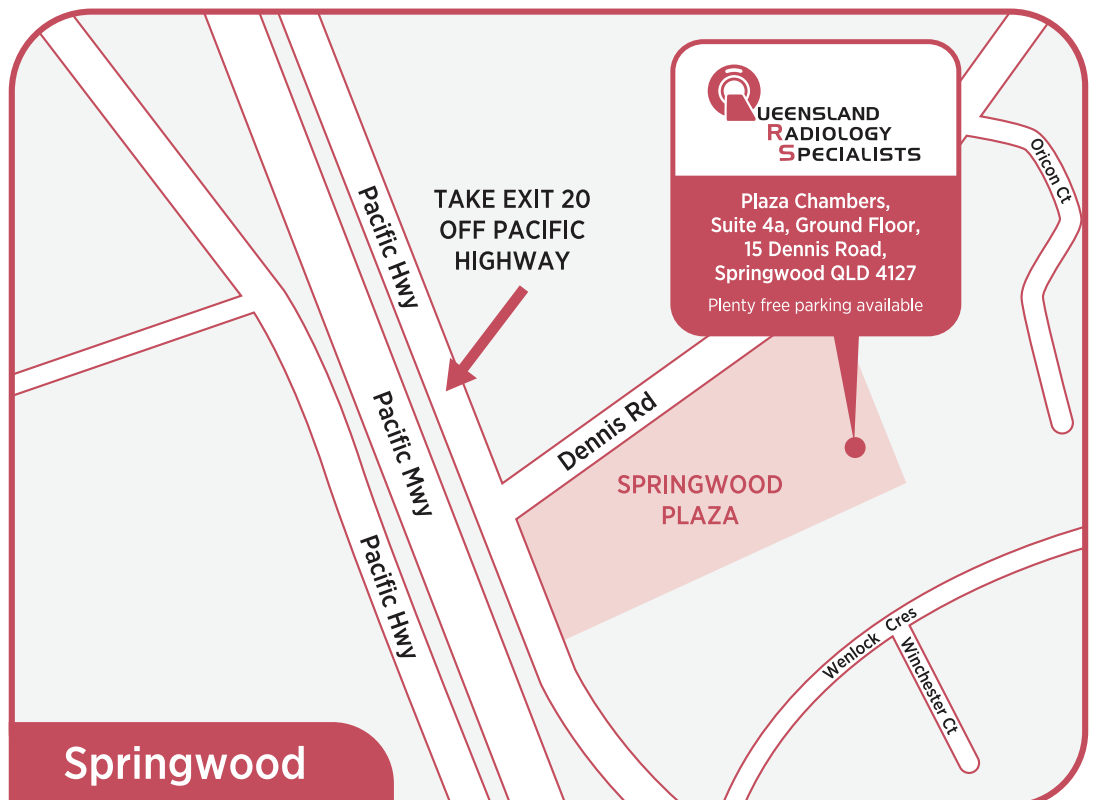


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**Clinic Hours:** Mon-Fri 8.00am - 5.00pm • Saturday, Sunday and Public Holidays closed

### SERVICES

- ✓ X-Rays
- ✓ MRI
- ✓ Ultrasounds
- ✓ Women's Imaging
- ✓ Mammography
- ✓ Echocardiogram
- ✓ Body Composition Scanning
- ✓ Interventional Procedures
- ✓ CT Coronary Angiogram
- ✓ CT Scans
- ✓ Joint Injections
- ✓ Dental OPG
- ✓ Sports Imaging
- ✓ BMD / DEXA
- ✓ Workers Compensation
- ✓ 24 Hour Holter Monitoring
- ✓ PRP Injections



Ph. (07) 3209 5159 | Fax. (07) 3290 4264 | [info@q-rad.com.au](mailto:info@q-rad.com.au)

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