SUNSHINE COAST RADIOLOGY

Radiology Referral

Form G1

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 <16yrs

MRI Head

- ☐ Unexplained seizures
- ☐ Chronic headache with suspected intracranial pathology

MRI Knee - Under 50yrs

- ☐ Acute meniscal tear
- ☐ Acute anterior cruciate ligament tear

MRI Cervical Spine

- ☐ Trauma
- ☐ Radiculopathy

Transthoracic Echocardiogram (TTE)

GP and Specialist Referred

- ☐ Initial study for investigation (once per 2 years)
- ☐ Serial study for investigation
- (i) isolated pericardial effusion or pericarditis; or
- (ii) Baseline study and has commenced medication for non-cardiac purposes with cardiotoxic side effects.

Additional imaging (MM3-6 GP only)

- ☐ Serial study for known valvular dysfunction

Appointments

1300 697 226

scradiology.com.au

SUN 430242 G1 General Referral Form A4

PATIENT DETAILS

Name: _____

Address: _____

DOB: _____ Gender: _____ Phone: _____

Medicare No: _____ ☐ Do not send reports to My Health Record

EXAMINATION

☐ X-Ray ☐ CT ☐ Ultrasound ☐ MRI ☐ Echo ☐ Nuclear Medicine ☐ BMD ☐ Mammography

NOTES

REFERRING DR

Name:

Address:

Provider number:

Copies to:

☐ Urgent Ph: _____

☐ Allergies _____

Renal Compromise ☐ No ☐ Yes

Signature

Date

Medical Imaging Final Check

MIT initials: _____

☐ 3 Patient identification check verified ☐ Correct side & site verified ☐ Procedure & consent verified ☐ Pregnancy excluded

HDAA CERTIFIED ISO 9001

Please consider the environment
CHOOSE TO GO FILMLESS

All images are digitally stored for future online access or printing if required

Excellence in Diagnostics

Patient Information

Form G1

① How to book?

Follow 2 simple steps to get a call back

1. Scan the QR code
2. Upload a photo of referral front page.

Done! We will contact you shortly.

OR

1300 697 226

bookings@scradiology.com.au

scradiology.com.au/booking

Please send through your referral prior to making an appointment

② Your appointment

Date: _____

Appointment time: _____

Please arrive 15 minutes prior to your appointment time

Preparation:

For preparation instructions please refer to scradiology.com.au

③ What's important?

General X-Ray | OPG

No appointment needed.
All Medicare eligible X-Rays are Bulk Billed.

Ultrasound | Nuclear Medicine
MRI | CT | PET-CT | Mammography
Bone Densitometry | Dental
Interventional Procedures

Please make an appointment. Preparation may be required prior to examination. Fees may apply.

For more information on our radiologists, scan the QR code below

④ Where to go?

	BMD	CTCA	CT Scan	Dental	Echocardiography	Fluoroscopy	Gastroesophageal Reflux	Interventional	Mammography	MRI	Nuclear Medicine	PET/CT	Ultrasound	X-Ray
Beerwah 72 Simpson St, Beerwah 4519			◯	◯	◯			◯					◯	◯
Buderim 12-14 King St, Buderim 4556	◯		◯	◯	◯			◯					◯	◯
Caloundra 67 Bowman Rd, Caloundra 4551	◯		◯	◯	◯		◯	◯		◯	◯		◯	◯
Coolum 5 Birtwill St, Coolum Beach 4573	◯		◯	◯	◯			◯					◯	◯
Kawana 3/7 Nicklin Way, Minyama 4575			◯	◯				◯					◯	◯
Maroochydore - Baden Powell St 49 Baden Powell St, MCY 4558	◯		◯	◯	◯			◯		◯			◯	◯
Maroochydore - Wises Rd 60 Wises Rd, MCY 4558	◯		◯	◯	◯			◯		◯			◯	◯
Maroochy Private Hospital 12 Future Way, MCY 4558	◯		◯					◯		◯	◯		◯	◯
Nambour Nambour Central, entry via Ann St, Nambour 4560	◯		◯	◯	◯			◯					◯	◯
Noosa Noosa Civic Medihub 28 Eenie Creek Rd, Noosaville 4566			◯					◯		◯		◯	◯	◯
Selangor Private Hospital 62 Netherton St, Nambour 4560 **T**: (07) 5376 4600 **F**: (07) 5376 4599			◯			◯		◯					◯	◯
SCUPH 3 Doherty St, Birtinya 4575 **T**: (07) 5436 7200 **F**: (07) 5436 7299		◯	◯			◯		◯		◯	◯		◯	◯
Warana 1 Main Dr, Warana 4575			◯	◯	◯			◯	◯				◯	◯

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