



Radiology Referral

Form G1

Name: _____

Address: _____

DOB: _____ Gender: _____ Phone: _____

Medicare No: _____

☐ Do not send reports to My Health Record

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

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

EXAMINATION

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



Please consider the environment
CHOOSE TO GO FILMLESS

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

Excellence in Diagnostics

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: _____

Preparation: _____

Appointment time: _____

Please arrive 15 minutes prior to your appointment time

For preparation instructions please refer to scradiology.com.au

3 What's important?

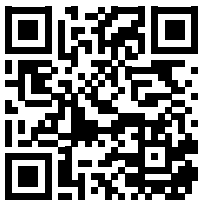
General X-Ray | OPG

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			☐	☐	☐			☐	☐				☐	☐