

Please complete and email this referral to webbookings@qscan.com.au or upload securely to our website at www.qscan.com.au/myresults

Patient name: _____

Birth date: _____

Address: _____

Phone: _____ Mobile: _____

WorkCover claim number: _____

Cardiac Referral



MEDICAL HISTORY

- Prior Myocardial Infarct
- Prior Coronary Stent/Angioplasty
- Coronary Bypass Graft
- Heart Failure
- Currently on Beta Blockers / Anti-Arrhythmics
- Pacemaker
- Diabetes
- Renal Impairment
- Myeloma

EXAMINATION REQUESTED

- CT Coronary Angiogram
- CT Coronary Calcium Score
- MRI Cardiac
- Other Studies
- Echocardiogram
- Stress Echocardiogram
- Carotid Doppler
- Cardiac Perfusion
- MIBI
- Others

CLINICAL DETAILS/REGION TO BE EXAMINED

REFERRAL ELIGIBILITY

SPECIALIST REFERRAL (Medicare eligible)

One of the following criteria must be present (please tick where appropriate):

CT (BULK BILLED)

- Patient has stable symptoms consistent with Coronary Ischaemia, is at low to intermediate risk of Coronary Artery Disease and would have been considered for invasive Coronary Angiography.
- Patient requires exclusion of Coronary Artery Anomaly or Fistula.
- Evaluation of Coronary Arteries prior to Non-Coronary Cardiac Surgery.

MRI (BULK BILLED)

- Exclude Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC): Right and left ventricular analysis will be performed.

MRI (\$525 - Non Medicare Eligible)

- Cardiomyopathy unspecified: No dedicated right ventricular analysis required unless requested.
- Function and viability.
- Congenital heart disease.

REFERRING PRACTITIONER

Name: _____

Address: _____

Phone: _____

Fax: _____

Provider number: _____

Signature: _____

Date: _____

Send copy to: _____

PLEASE TICK FOR PRINTED IMAGES



Qscan Radiology Clinics is committed to sustainability. All images are available digitally only unless requested.

IMAGES

- Online
- CD
- Return with patient
- Courier/Deliver

REPORT

- Electronic download
- Fax

MORE REFERRAL PADS

- A4 (computerised)
- A5 (manual)

Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first.

qscan.com.au

YOUR NEXT APPOINTMENT

DATE: _____

TIME: _____

LOCATION: _____

OTHER: _____

Open Saturdays
 X-ray
 EOS
 Dental & OPG
 CT Scan
 CTCA - CT Coronary Angiography
 Nuclear Medicine
 PET-CT Scan
 BMD/DXA
 Ultrasound
 Musculoskeletal Ultrasound
 Echocardiography
 MRI Scan

BRISBANE CLINICS

Clinic Name	Address	Phone	Fax	Open Saturdays	X-ray	EOS	Dental & OPG	CT Scan	CTCA - CT Coronary Angiography	Nuclear Medicine	PET-CT Scan	BMD/DXA	Ultrasound	Musculoskeletal Ultrasound	Echocardiography	MRI Scan
ANNERLEY	Shop 7, 310 Ipswich Road	Ph: 07 3357 0388	Fax: 07 3357 0380	Sat	●		●	●			●		●	●		●
ASPLEY	Shop 4, 1368 Gympie Road	Ph: 07 3863 3907	Fax: 07 3863 2358		●		●	●					●		●	
CARINDALE	Millennium Centre, 2 Millennium Boulevard	Ph: 07 3873 7800	Fax: 07 3395 3184	Sat			●	●	●			●	●	●		● 3T
CLAYFIELD	College Junction, Cnr Sandgate & Wagner Roads	Ph: 07 3547 8000	Fax: 07 3262 1690		●		●	● Incl CTCA					●	●		● 3T
CLEVELAND	177 Bloomfield Street	Ph: 07 3821 1766	Fax: 07 3821 1100	Sat	●		●						●	●		
EVERTON PARK	456 South Pine Road	Ph: 07 3355 4422	Fax: 07 3355 4943		●		●	●					●	●		
MATER PRIVATE CLINIC	Level 6, 550 Stanley Street, South Brisbane	Ph: 07 3357 0361	Fax: 07 3010 5791		●			● Incl CTCA					●	●		
MEADOWBROOK	Meadowbrook Shopping Village, 261 Loganlea Road	Ph: 07 3445 4800	Fax: 07 3445 4757		●			● Incl CTCA	●				●	●		
NORTH LAKES	9 McLennan Court	Ph: 07 3448 8840	Fax: 07 3880 6118								●					
REDCLIFFE	6 Silvn Street	Ph: 07 3357 0922	Fax: 07 3283 4277	Sat	●		●	● Incl CTCA	●				●	●		● 3T
RED HILL	Suite 1, 81 Fulcher Road	Ph: 07 3547 8080	Fax: 07 3547 8414		●	●		●					●	●		● 3T
TOOWONG	Level 1, 65 Sylvan Road	Ph: 07 3335 5200	Fax: 07 3335 5299		●		●	● Incl CTCA	●				●	●	●	● 3T
VICTORIA POINT	Suite 4, Lot 1 Bunker Road	Ph: 07 3207 0511	Fax: 07 3207 0922		●		●						●			
WINDSOR	Homezone, 142 Newmarket Road	Ph: 07 3357 0333	Fax: 07 3357 0300	Sat	●		● Cone Beam	●	●				●	●		● 3T

GOLD COAST CLINICS

Clinic Name	Address	Phone	Fax	Open Saturdays	X-ray	EOS	Dental & OPG	CT Scan	CTCA - CT Coronary Angiography	Nuclear Medicine	PET-CT Scan	BMD/DXA	Ultrasound	Musculoskeletal Ultrasound	Echocardiography	MRI Scan
BURLEIGH WATERS	Treetops Specialist Medical Centre, 2 Classic Way	Ph: 07 5587 6333	Fax: 07 5587 6344		●		●	●					●	●		
GRIFFITH UNIVERSITY DENTAL CLINIC	L3 G40 Cnr Olsen Ave & Parklands Drive Southport	Ph: 07 5503 3433	Fax: 07 5503 3444				● Cone Beam									
MERMAID WATERS	Q Super Centre, Cnr Bermuda & Markeri Street	Ph: 07 5526 6500	Fax: 07 5526 1764		●		●	● Incl CTCA					●	●		
NERANG	3/12 Ferry Street	Ph: 07 5554 7070	Fax: 07 5527 4045		●		●	●					●	●		
PARKWOOD	Parkwood Village, 76-122 Napper Road	Ph: 07 5631 7200	Fax: 07 5631 7222		●			●					●	●		● 3T
ROBINA	Robina Town Shopping Centre, Yellow Carpark	Ph: 07 5587 6363	Fax: 07 5578 7240	Sat	●		●	●	●				●	●		
SOUTHPORT	Pacific Private Clinic, 123 Nerang Street	Ph: 07 5503 3433	Fax: 07 5503 3444	Sat	●	●		●	●	●			●	●		● 3T
UPPER COOMERA	Home Consortium, Cnr Old Coach & Days Roads	Ph: 07 5649 7870	Fax: 07 3359 9860	Sat	●		●	●					●	●		● 3T