



CENTRAL QUEENSLAND
RADIOLOGY

Echocardiography Radiology Referral

Excellence in Diagnostics

PATIENT DETAILS

Name: _____

Address: _____

DOB: _____

Gender: _____

Medicare No: _____

Phone: _____

Radiologists

Dr Tony Bretherton
MBBS, FRANZCR

Dr James Challen
MBBS, FRANZCR

Dr Anthony Chan
MBBS, BE, FRANZCR

Dr Geoffrey Clark
MBBS, BE, FRANZCR

Dr Siavash Es'haghi
MB ChB, FRANZCR, EMBA

Dr Denise Ladwig
FRANZCOG DDU

Dr Rodney Larsen
MBBS (Hons), FRANZCR

Dr Noel Marginson
MBBS, FRANZCR

Dr Paul Reidy
MBBS, BAppSC
(Medimaging), RANZCR

Dr John Salantri
MBBS, FRANZCR

Dr Amit Sidana
MBBS (Hons), FRANZCR

Dr Nigel Sommerfeld
MBBS, FRANZCR

Dr Pradeep Sonwalkar
MBBS, FRANZCR

Dr Sahn Taheri
MBBS, RANZCR

Dr Angus Thomas
BSc, MBBS, FRANZCR

Dr Peter Wakefield
MBBS, FRANZCR

Dual Qualified Radiologist + Nuclear Medicine

Dr John Evans
MBBS, B Med Sci (Hons),
FRANZCR Nuclear Medicine
Specialist

Dr Mark Sinnamon
MBBS, FRANZCR, FAANMS

Dental Radiology

Dr Jacqui Dalton
BDSc, DClin Dent(UQ)

Contact

1300 822 741

cqradiology.com.au

ABN 78 165 751 226

Transthoracic Echocardiogram (TTE)

GP and Specialist Referred

55126 Initial study for investigation (once per 2 years)

55133 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)

55128 Serial study for known valvular dysfunction.

Serial TTE(Specialist only)

55127 Serial study for known valvular dysfunction.

55129 Serial study for Cardiac Failure and Structural Heart Disease.

55134 Serial study for Rare Cardiac

Pathologies, please specify: _____

Clinical Notes: _____

Name: _____

Provider number: _____

CC: _____

Address: _____

Urgent Ph: _____

Allergies _____

Signature

Date

Renal Function (the most recent eGFR result): _____ Date: _____

Diabetic? No Yes On Metformin? No Yes Metformin may need to be ceased on the examination day.

Reports: To Patient Fax Email Request for new referral pads

Medical Imaging Final Check MIT initials: _____

Patient identification verified

Correct side & site verified

Procedure & consent verified



Please Consider
The Environment
CHOOSE TO GO FILMLESS

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



(ISO 9001)

REQUEST

NOTES

REFERRING DR

Patient Information

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 822 741



bookings@cqradiology.com.au



cqradiology.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 cqradiology.com.au

3 What's important?

General X-Ray | OPG

No appointment needed. Please attend one of our clinics during office hours. All Medicare eligible X-Rays are **Bulk Billed**.

Ultrasound | Nuclear Medicine | MRI | CT

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

Interventional/Procedures

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

Mammography | Bone Densitometry | Dental

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

4 Where to go?

	BMD	CT Scan/CTCA	Echocardiography	Fluoroscopy	IR/Procedures	2D/3D Mammography	MRI	Nuclear Medicine	Dental Imaging/OPG	Ultrasound	X-Rays
Rockhampton Ground Floor, QTV House Aquatic Place, North Rockhampton 4701 P 07 4921 8800 F 07 4921 8899 / 8 AM - 5 PM	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rockhampton Hospital Canning Street Rockhampton Qld 4700 P 07 4920 6284 F 07 4932 5049 / 8 AM - 5 PM		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gladstone 13 Dawson Road Gladstone Qld 4680 P 07 4899 1700 F 07 4899 1799 / 8 AM - 5 PM		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gladstone Hospital Park Street Gladstone Qld 4680 P 07 4976 3363 F 07 4976 3269 / 8 AM - 5 PM		<input type="radio"/>			<input type="radio"/>					<input type="radio"/>	<input type="radio"/>
Emerald Hospital 69 Hospital Road Emerald Qld 4720 P 07 4987 9442 F 07 4982 2474 / 8 AM - 4:30 PM		<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biloela Hospital 2 Hospital Road Biloela Qld 4715 P 07 4992 7046 F 07 4992 4857 / 8 AM - 3 PM										<input type="radio"/>	<input type="radio"/>
Capricorn Coast Hospital 8 Hoskyn Drive Yeppoon Qld 4703 P 07 4913 3150 F 07 4938 3003 / 8 AM - 5 PM		<input type="radio"/>								<input type="radio"/>	<input type="radio"/>
Hillcrest Rockhampton Hospital 4 Talford Street The Range Qld 4700 P 07 4923 8500 F 07 4923 8599 / 8 AM - 5 PM		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>					<input type="radio"/>	<input type="radio"/>