

PLATINUM MEDICAL IMAGING

533 Barry Road, Dallas 3047

ABN: 66142309313

Bone Densitometry by DXA



Patient Surname: DOB:/...../.....
 Given Name: Contact Number:
 Address:

APPOINTMENT

Appointment Date/Time: _____

Results/enquiries:

03-9309 6778

Email requests:

info@platinummedicalimaging.com

Fax requests:

03-9309 5303

Clinical Details

Medicare Rebatable Conditions

Conditions where one scan per 12 mths is permitted

- Oral/Inhaled steroids >3 mths / Cushing's syndrome
- Female hypogonadism
- Amenorrhoea >6 mths & <45 yrs old
- Male hypogonadism

Conditions where one scan per 24 mths is permitted

- Thyroxine excess and/or Hyperthyroidism
- Malabsorption (incl. Vit. D deficiency)
- Fracture following minimal trauma
- Rheumatoid arthritis (OA not rebatable)
- Primary Hyperparathyroidism
- Chronic liver/kidney disease

Conditions for those over 70 yrs of age

- Not previously scanned
- Previous T-Score above -1.5 (eligible every 5 yrs)
- Previous T-Score between -1.5 and -2.5 (every 2 yrs)

Could this pt. be pregnant? Yes / No

<p>Test requested:</p> <ul style="list-style-type: none"> <input type="radio"/> BMD by DXA <input type="radio"/> Vertebral Fracture Assessment (VFA) <input type="radio"/> Whole Body Composition Scan 	<p>Referring Dr:</p> <p>Results: Email / Fax / Hard copy</p> <p>Address: _____</p> <p>Email/fax details: _____</p> <p>Provider Number: _____</p> <p>Signature: _____ Date: _____</p>	<p>Copy to...</p> <p>Send a report to: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>
--	--	---

PATIENT DETAILS

FEMALE SONOGRAPHER
FEMALE RADIOGRAPHER

We speak: English, Arabic,
Turkish and Bangla

OPENING HOURS

Mon - Fri 9am - 7pm
Sat 9am - 4pm
Sun 1pm - 4pm

CONTACT

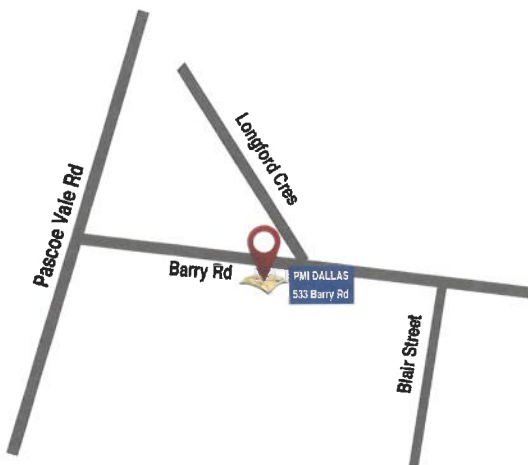
E: info@platinummedicalimaging.com
P: (03) 9309 6778
F: (03) 9309 5303
Address: 533 Barry Road Dallas

REFERRING DOCTOR

SIGNATURE

PROVIDER

PMI DALLAS: Address: 533 Barry Road Dallas



IMAGING MODALITIES

REPORT DELIVERY

- X-RAY (DIGITAL)
- CT (LOW DOSE)
- ULTRASOUND
- OPG
- CONE BEAM CT
- CEPHALOMETRY
- GENDER SCAN
- 3D/4D SCAN
- DAX SCAN

- URGENT REPORT

PMI RADIOLOGY FINAL CHECK

- Patient Identification Verified
- Procedure and consent Verified
- Correct side and site verified

Protocol _____

Radiographer _____

Radiologist _____

Pregnant Y / N

Date: ____ / ____ / 20____

Patient _____