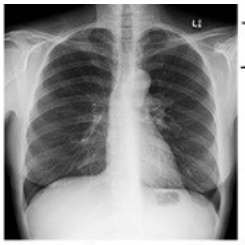

RURAL
MEDICAL
IMAGING

Locations: Innisfail Mareeba Atherton Ingham

Request for Service
Policy and Procedures

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Request for Services Policy & Procedures

Purpose and Scope

The purpose of policy is to ensure that the requests for a diagnostic service are only undertaken when there is an identified clinical need and is in accordance with the relevant legislation.

When can a service be requested

A diagnostic imaging service can be requested for Rural Medical Imaging to undertake when there has been an identified clinical need and is made by a medical practitioner who is able to request a service under the Health Insurance Act 1973 and a Medicare benefit is payable.

The providing and reporting practitioner may also self-determine a service in accordance with requirements of the *Health Insurance Act 1973.*

How requests are made

Requests for diagnostic imaging have to be made on a referral form issued by a medical practitioner who is eligible to request these services. The referrals are usually provided to the patient during the consultation with their GP.

The patient can then make a booking using their referral to have the procedure done with us.

Receipt of a referral

When the patient makes a booking details of the procedure required are taken. Provided the procedure is in our scope of procedures, an appointment is made for the patient to have the procedure done.

Upon presentation to the practice the referral is checked for validity and eligibility. Rural Medical Imaging issues referral forms to local doctors allowing us to readily identify our forms and match them back to the referring practitioner/practice. Referral forms not issued by us are checked to ensure that the referring doctor/practice is valid. The requested procedure is checked and the technician performing the procedure will confirm that the requested procedure matches the condition or area that the referral is requesting.

Inappropriate requests

Inappropriate requests are requests that fail to address the patient's clinical indications, do not request the correct area of concern or have not requested the most appropriate modality to investigate the patient's pathology. The technician may also identify that the service does not correlate to the answers given by the patient in relation to the area showing on the referral form. At times the technician may identify that the service requested is not appropriate for the patient to have or that the area of concern and clinical indications may be better accommodated with a different modality. The technician will contact the referring physician for clarification or correction of the referral.

Example Request forms

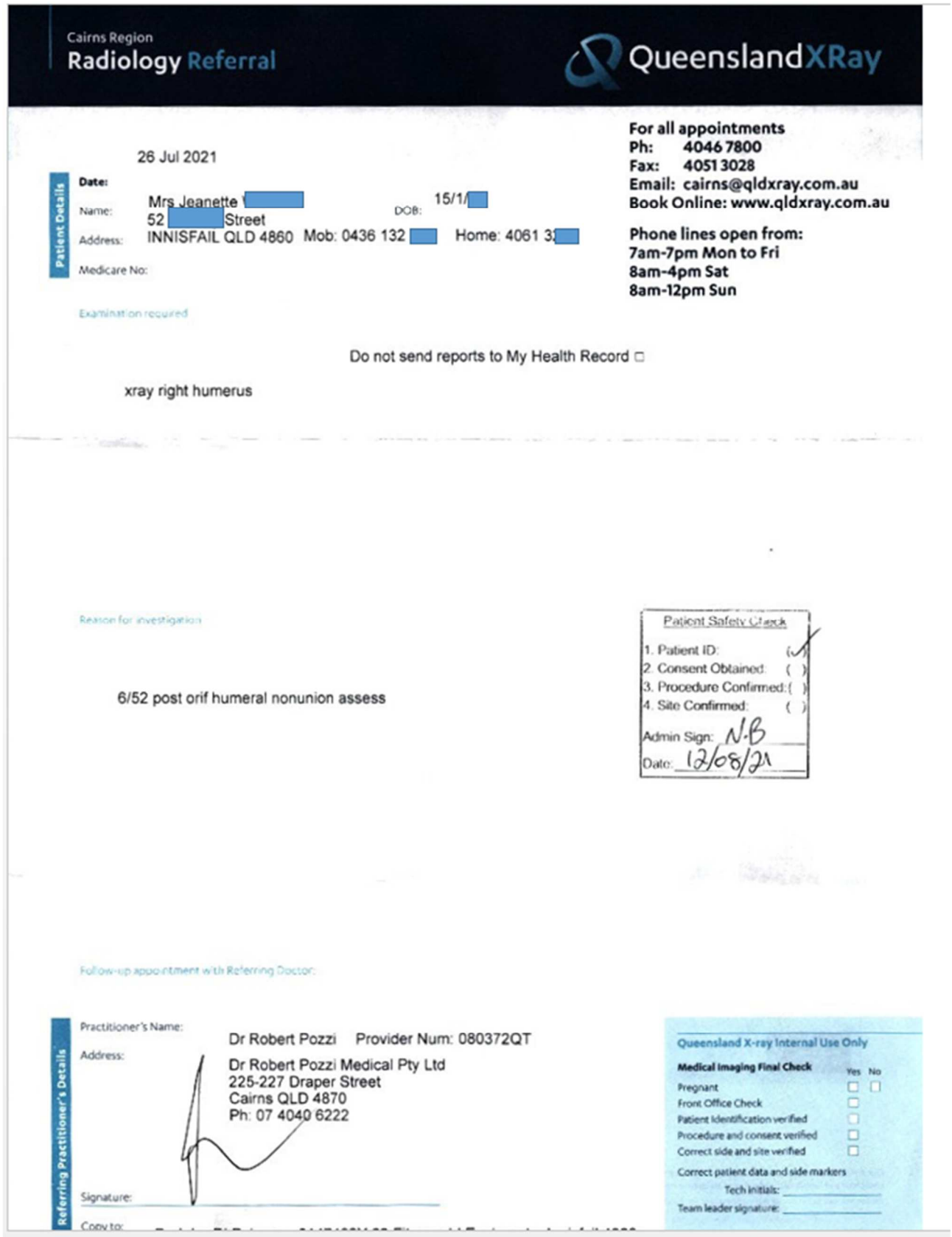
Examples of patient referral forms demonstrating clinical need

- Xray – this form shows the requirement for imaging 6 weeks after hip surgery. Xray Referral[i]
- CT – this form shows the requirement for imaging due to pain in back. CT referral[ii]
- Ultrasound – this form shows requirement for imaging due to pelvic pain. Ultrasound Referral[iii]

Document review

This document has been compiled and reviewed in August 2021 whilst reviewing and updating our Safety and Quality Manual and will be reviewed again in Nov 2024 each year in June as per Review Schedule in our Safety & Quality Manual.

Xray Referral



Cairns Region
Radiology Referral

QueenslandXRay

For all appointments
Ph: 4046 7800
Fax: 4051 3028
Email: cairns@qldxray.com.au
Book Online: www.qldxray.com.au

Phone lines open from:
7am-7pm Mon to Fri
8am-4pm Sat
8am-12pm Sun

Patient Details

Date: 26 Jul 2021

Name: Mrs Jeanette [redacted] DOB: 15/1/[redacted]

Address: 52 [redacted] Street
INNISFAIL QLD 4860 Mob: 0436 132 [redacted] Home: 4061 3[redacted]

Medicare No:

Examination required

Do not send reports to My Health Record ☐

xray right humerus

Reason for investigation

6/52 post orif humeral nonunion assess

Patient Safety Check
1. Patient ID: (✓)
2. Consent Obtained: ( )
3. Procedure Confirmed: ( )
4. Site Confirmed: ( )
Admin Sign: N.B
Date: 12/08/21

Follow-up appointment with Referring Doctor:

Referring Practitioner's Details

Practitioner's Name: Dr Robert Pozzi Provider Num: 080372QT

Address: Dr Robert Pozzi Medical Pty Ltd
225-227 Draper Street
Cairns QLD 4870
Ph: 07 4040 6222

Signature:

Copy to:

Queensland X-ray Internal Use Only

Medical Imaging Final Check	Yes	No
Pregnant	☐	☐
Front Office Check	☐	
Patient Identification verified	☐	
Procedure and consent verified	☐	
Correct side and site verified	☐	

Correct patient data and side markers

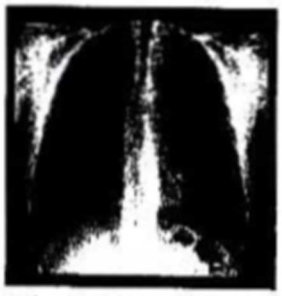
Tech initials:

Team leader signature:

CT referral

09/08 2021 MON 9:19 FAX +61 7 46347000 ST ANDREWS TMBA PHC RECEIVED 09/08/2021 09:13 001/001

25242319651
10/2021



RURAL MEDICAL IMAGING

X Ray | Ultrasound | CT | OPG | BMD | ECHO | Calcium Scoring

Patient Details:

Name: Steven [redacted]

Address: 25 [redacted] Toowoomba

DoB: 2-2-[redacted]

Phone: 0423048 [redacted]

Medicare or DVA No: 252[redacted]196-5

Examination Details:

CT Scan L-S Spine

CT Scan - IV Contrast Risk
Please indicate any of the following

- ☐ >80yrs
- ☐ Hypertension
- ☐ Diabetic
- ☐ Renal insufficiency
- ☐ On any Metformin based oral diabetic drugs
- ☐ Congestive Heart Failure
- ☐ Previous Contrast Reaction (Specify)
- ☐ Allergies (Specify) NIL

If YES to any, eGFR must be within one month of appointment date (if required)
eGFR: Date: / /

Clinical Details:

Rt sided loin pain
+ LBP
Multiple Sclerosis

(Middy)

Pregnant: Yes / (No)

Referring Doctor:

Name: Grimy Portis

Address: 260 North St
Toowoomba

Provider No: ~~33~~ 373065K

Phone: 0146907000 Fax: 0146347000

Signed: [signature] Date: 9/8/2021

Your doctor has recommended that you use Rural Medical Imaging. You may choose another provider, but please discuss this with your doctor first.

CT ANGIO / CT PAs

This patient's case has been discussed with a specialist or Consultant Physician

Signed _____

Patient Safety Check

1. Patient ID ☑
2. Consent Obtained ☑
3. Procedure Confirmed ☑
4. Site Confirmed ☑

Admin Sign [signature]

RMI Innisfail
Innisfail Food Emporium
16A I - 5 Owen St
Innisfail
Ph: 4061 7006
Fax: 4061 7008

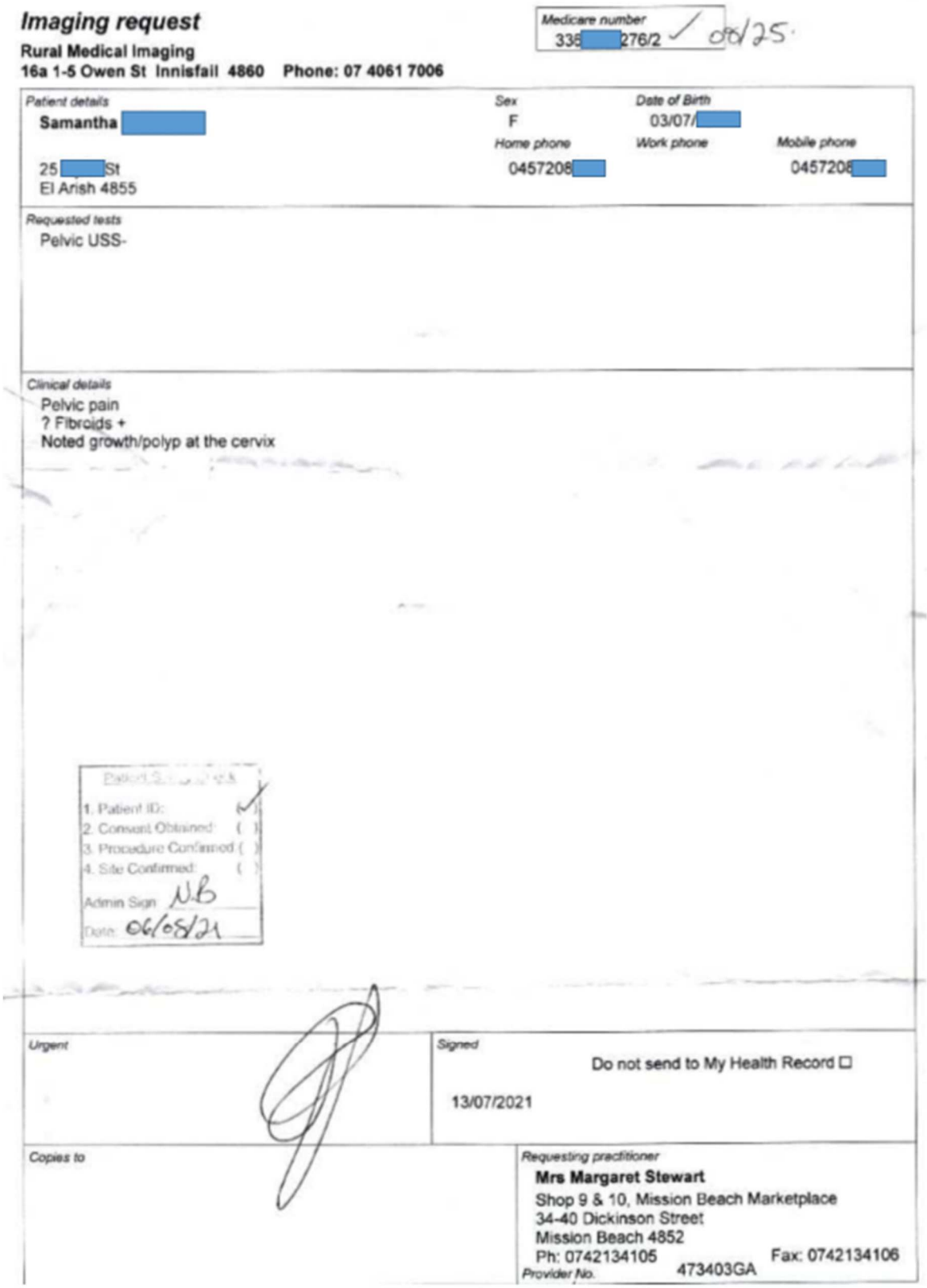
RMI Atherton
30 Mabel Street
Atherton
Ph: 4091 3377
Fax: 4091 7974

RMI Mareeba
The Post Office Centre
94 Byrnes Street
Mareeba
Ph: 4092 3385
Fax: 4092 6719

RMI Ingham
22 Heard Street
Ingham
Ph: 4776 2581
Fax: 4214 5260

www.ruralmedicalimaging.com.au

Ultrasound Referral



Imaging request

Rural Medical Imaging
16a 1-5 Owen St Innisfail 4860 Phone: 07 4061 7006

Medicare number
33[redacted]276/2 ✓ 06/25

Patient details
Samantha [redacted]
25[redacted]St
El Arish 4855

Sex
F

Date of Birth
03/07/[redacted]

Home phone
0457208[redacted]

Work phone

Mobile phone
0457208[redacted]

Requested tests
Pelvic USS-

Clinical details
Pelvic pain
? Fibroids +
Noted growth/polyp at the cervix

1. Patient ID: ✓
2. Consent Obtained: ( )
3. Procedure Confirmed ( )
4. Site Confirmed: ( )

Admin Sign N.B
Date 06/08/21

Urgent

Signed
Do not send to My Health Record ☐
13/07/2021

Copies to

Requesting practitioner
Mrs Margaret Stewart
Shop 9 & 10, Mission Beach Marketplace
34-40 Dickinson Street
Mission Beach 4852
Ph: 0742134105 Fax: 0742134106
Provider No. 473403GA

Original Files

[i] 2.1 Xray Referral
[ii] 2.1 CT Referral
[iii] 2.1 Ultrasound Referral