DEXA Body Composition Imaging

MEDICAL IMAGING REQUEST

the x-ray group

PATIENT DETAILS

Patient Name _____ Date of Birth / /

Address _____ Telephone _____

Suburb _____ Postcode _____

CLINICAL QUESTION

State the specific clinical question to which an answer is being sought.

CLINICAL INDICATIONS

Provide the clinical indications justifying the need for this procedure.

- ◯ I confirm that I am clinically managing the patient and that the diagnostic information is essential for the patient's management.
- ◯ I confirm that the patient has not reached the limit of four DEXA procedures for body composition assessment within a 12-month period.

FOR GP AND ALLIED HEALTH PRACTITIONERS

Please provide a statement the body composition scan is required to meet one of the following:

- ◯ Assess fat distribution in a patient undergoing anti-retroviral therapy associated with a risk of lipoatrophy
- ◯ Assess fat and lean mass changes in an obese patient who has undergone bariatric surgery
- ◯ Assess fat and lean mass changes in an obese patient who has undergone a medical diet or weight loss regimen, resulting in weight loss exceeding approx. 10% and the impact on clinical outcomes is uncertain
- ◯ Clinically manage a patient with true muscle weakness or poor physical functioning due to injury or medical condition (e.g. sarcopenia) where the impact on clinical outcomes is uncertain

Referrer _____

Provider No. _____ Date / /

Copy To _____

Signature _____

REPORTS

- ◯ Urgent
- ◯ Phone
- ◯ Fax
- ◯ E-Download
- ◯ Do not send to My Health Record

XRG USE ONLY

- ◯ Patient ID Verified
- ◯ Privacy & Consent Forms
- ◯ Pregnancy Status
- ◯ Exam Details Checked
- ◯ Exam Protocoled
- ◯ Approved by: _____

05/25

DEXA Body Composition Imaging

MEDICAL IMAGING REQUEST

the x-ray group

PATIENT INSTRUCTIONS

- Contact us to make an appointment. For safety reasons, you will be asked a series of questions at the time of booking. Our staff will provide you with preparation instructions relevant to your examination.
- Arrive 10 minutes prior to your appointment at The X-Ray Group, unless specified otherwise.
- Bring this referral form, any previous relevant imaging results (films and/or reports) and Medicare / Concession cards.
- If applicable, bring approved Workcover, TAC or insurance claim information relevant to your appointment.
- Please note, holders of current Healthcare, Pension or Veterans' Affairs cards will be bulk billed or charged at a concession rate. For non-concession patients, payment of your account in full is expected on the day of examination (EFTPOS, Visa or Mastercard accepted).
- If you are unable to attend, contact us as soon as possible to avoid a cancellation fee.

SAFETY INFORMATION

Please advise staff at the time of booking if any of the following is applicable to you:

Pregnant, claustrophobia, metal in your eye, epicardial wire, heart valve replacement, previous heart / bypass surgery, stents / wires in blood vessels, cardiac pacemaker, implantable cardioverter, defibrillator, inner ear implant, neurostimulator, brain aneurysm clip.

	X-Ray	Ultrasound	MRI	CT	CT Calcium Score	CT Coronary Angiogram	Holter Monitor / BPM	Echocardiography	OPG & Lat Ceph	Cone-Beam CT	Mammography	Tomosynthesis	Nuclear Medicine	Bone Densitometry	Interventional Procedures
The Gardens	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Lavington	●	●		●			●								
Wangaratta	●	●		●	●		●		●		●	●			●
Wodonga	●	●	●	●			●		●						●
Yarrawonga	●	●		●	●		●		●						

THE GARDENS
470 Wodonga Pl,
Albury, NSW 2640
T: (02) 6051 1660
F: (02) 6051 1650

LAVINGTON
347 Wagga Rd,
Lavington, NSW 2641
T: (02) 6051 1641
F: (02) 6051 1650

WANGARATTA
101 Rowan St,
Wangaratta, VIC 3677
T: (03) 5720 0700
F: (03) 5720 0750

WODONGA
9 Stanley St,
Wodonga, VIC 3690
T: (02) 6051 2711
F: (02) 6051 1650

YARRAWONGA
72 Woods Rd,
Yarrawonga, VIC 3730
T: (03) 5744 9999
F: (03) 5744 9950

MAKE A BOOKING

Scan QR code or email referral to
bookings@thexraygroup.com.au

APPOINTMENT DETAILS

DATE: / / TIME: _____ am / pm

LOCATION: _____

Your practitioner has recommended you attend The X-Ray Group, however you may choose another provider.