

DEXA Body Composition Imaging

MEDICAL IMAGING REQUEST



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 Protooled

Approved by:

05/25

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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.