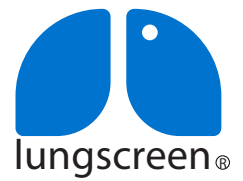


X-ray Referral



PATIENT DETAILS

Name: _____
Address: _____
DOB: _____ Gender: _____ Lungscreen ID: _____
Phone: _____ Email: _____
Medicare number (optional): _____ Current Coal mine Employer: _____

PLEASE SEND INVOICE TO (invoice will be sent to referring clinic unless otherwise stated)

Company _____ P.O. _____
 Candidate (Financial consent form must be completed)

EXAMINATION

International Labour Organization (ILO) Chest X-ray HRCT – ICOERD

REASON FOR X-RAY REQUEST

Routine Coal Mine Worker (Coal mine health assessment scheme)
 Urgent Silica/CT/Other
 Pre employment medical assessment
 Mineral mines and quarries health assessment

Clinical Notes: _____



REFERRING DR

Name: _____
Practice Location: _____
Provider Number: _____
Email: _____ Ph: _____ Fax: _____

Send a Copy of the report to:

Doctor/NMA: _____
Email: _____ Phone: _____
Doctor/NMA: _____
Email: _____ Phone: _____

Signature

Date

PATIENT CONSENT

I understand the X-ray clinic I visit to obtain my chest X-ray image will provide the image to Lungscreen Australia for the purpose of reading my X-ray to the International Labour Organization Classification of Radiographs of Pneumoconioses (ILO Classification).

I give consent to the X-ray clinic to send my chest X-ray image to Lungscreen Australia for the purpose of providing an ILO Classification.

Signature: _____ Date: _____

PATIENT INFORMATION

1. Register your details at our website www.lungscreen.com and record your Lungscreen ID at the top of this form in the "patient details" section If not already provided.
2. Only X-rays from registered clinics are accepted. To find a list of registered clinics visit: <https://www.rshq.qld.gov.au/business/mining/safety/registered-medical-search>
3. The X-ray clinic will send your chest X-ray image to Lungscreen for assessment and completion of your ILO B-reader report.
4. Your result (ILO B-reader report) is available for viewing on the Lungscreen portal to upgrade please email your details to info@lungscreen.com.
5. Your result will also be sent to your referring doctor.

✉ info@lungscreen.com

🌐 lungscreen.com

Fax 07 3547 8446

ABN 25 615 712 420