X-ray Referral



PATIENT DETAILS

Name:

Address:					
Phone: Email: Medicare number (optional): Current Coal mine Employer: PLEASE SEND INVOICE TO (invoice will be sent to referring clinic unless otherwise stated) P.O Company P.O Candidate (Financial consent form must be completed) P.O EXAMINATION International Labour Organization (ILO) Chest X-ray HRCT - ICOERD REASON FOR X-RAY REQUEST Coal Mine Worker (Coal mine health assessment scheme) Silica/CT/Other Silica/CT/Other Silica/CT/Other Nineral mines and quarries health assessment Urgent Mineral mines and quarries health assessment Pre employment medical assessment Name: Pre employment medical assessment Pre mail: Practice Location: Pre mail: Pre mail: Provider Number: Ph: Fax: Send a Copy of the report to: Signature Doctor/NMA: Phone: Signature	Address:				
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Doctor/NMA:	Doctor/NMA:		Signature		
Email: Phone:	Email:	Phone:	_		
Email: Phone: Date	Doctor/NMA:		_		
	Email:	Phone:	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:

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.
- 🔀 info@lungscreen.com
- Iungscreen.com

Fax 07 3547 8446

ABN 25 615 712 420

5. Your result will also be sent to your referring doctor.