

Patient Referral Form

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 attached)

EXAMINATION

International Labour Organisation (ILO) Chest X-ray

REASON FOR X-RAY REQUEST

Routine Urgent

Coal Mine Worker Medical Assessment
 Silica/Other
 Pre-employment Medical

Clinical Notes: _____

Please send images and referral to Lungscreen to complete all ILO B-reads and Adjudication.

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. To find a list of registered clinics visit: tiny.cc/dekopz
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