NATIONAL LUNG CANCER SCREENING PROGRAM IMAGING REQUEST

cooroy radiology

The low-dose CT (LDCT) scan is fully funded under Medicare however your doctor may charge a consultation fee for the request and any follow up required.

Patient Details (or affix label)

Patient name:

Address:

DOB: ☐☐ / ☐☐ / ☐☐☐☐ Phone: ☐☐☐☐☐☐☐☐☐☐

Medicare number: ☐☐☐☐ ☐☐☐☐☐ ☐ MBI ☐

Aboriginal/Torres Strait Islander origin:

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

☐ Prefer not to answer

Clinical Information

☐ This patient meets the eligibility criteria of the National Lung Cancer Screening Program

Type of screening test:

☐ 2 yearly scan: ☐ New participant OR ☐ Participant returning for two-year scan (57410)

OR

☐ Interval scan to monitor previous findings (57413)
(1,2,3, 6 or 12 month interval scan as determined in previous NLCSP LDCT report)

☐ Any previous chest CT Date (if known): ☐☐ / ☐☐ / ☐☐☐☐

Radiology provider/location (if known):

☐ Family history of lung cancer in a first-degree relatives (only required for first/baseline LDCT)
(First-degree relatives include parents, siblings or children)

History of any cancer ☐ No ☐ Yes (if yes, provide details)

Additional clinical / other notes, if required

☐ Referring Practitioner has registered the patient via the NCSR

Requesting Practitioner (or affix label)

Name:

Provider Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address:

Phone: ☐☐☐☐☐☐☐☐☐☐ Fax: ☐☐☐☐☐☐☐☐☐☐

Signature: Date: ☐☐ / ☐☐ / ☐☐☐☐

Send copy to:

Your personal information, including results of low-dose CT scans and other CT imaging completed for the purposes of screening as part of the NLCSP, may be shared between your treating healthcare providers for the purposes of the NLCSP. For example, if you attend different radiology providers for your first low-dose CT scan and your second low-dose CT scan, the first radiology provider may disclose your low-dose CT images to the second radiology provider to facilitate comparison of the results of the two low-dose CT scans. By participating in the NLCSP, you consent to the use of your personal information by healthcare providers, specialists and radiologists, for the purposes of the program, and the disclosure and collection of your personal information between healthcare providers, specialists and radiologists for the purposes of the program.

cooroy radiology

cooroy radiology

34 Maple Street, Cooroy QLD 4563

P: 07 5454 7844 E: info@cooroy-radiology.com.au
F: 07 5454 7847 W: www.cooroy-radiology.com.au

Office Hours

Monday	8am - 5pm
Tuesday	8am - 5pm
Wednesday	8am - 5pm
Thursday	8am - 5pm
Friday	8am - 5pm



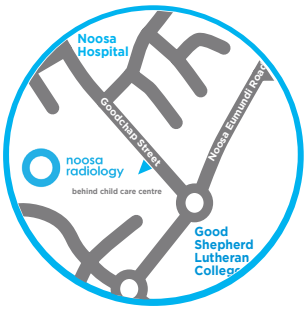
noosa radiology

Noosaville Medical & Professional Centre
90 Goodchap Street, Noosaville QLD 4566

P: 07 5440 9700 E: info@noosaradiology.com.au
F: 07 5440 9777 W: www.noosaradiology.com.au

Office Hours

Monday	8am - 5:30pm
Tuesday	8am - 5:30pm
Wednesday	8am - 5:30pm
Thursday	8am - 5:30pm
Friday	8am - 5:30pm
Saturday	9am - 12pm



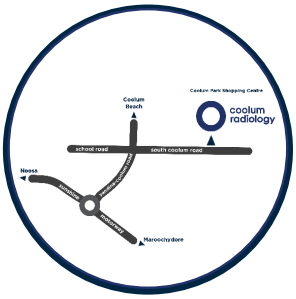
coolum radiology

Coolum Park Shopping Centre
14/21 South Coolum Road
Coolum Beach QLD 4573

P: 07 5238 8533 E: info@coolumradiology.com.au
F: 07 5238 8522 W: www.coolumradiology.com.au

Office Hours

Monday	8am - 5pm
Tuesday	8am - 5pm
Wednesday	8am - 5pm
Thursday	8am - 5pm
Friday	8am - 5pm



gympie radiology

71 Channon Street, Gympie QLD 4570

P: 07 5489 0800 E: info@gympieradiology.com.au
F: 07 5489 0888 W: www.gympieradiology.com.au

Office Hours

Monday	8am - 5:30pm
Tuesday	8am - 5:30pm
Wednesday	8am - 5:30pm
Thursday	8am - 5:30pm
Friday	8am - 5:30pm

