

BAYSIDE RADIOLOGY

BULK BILLING All Medicare Services



ABN 31 890 491 922

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- XRAY
- OPG
- LATERAL CEPHALOMETRY
- BONE DENSITOMETRY
- COMPUTED TOMOGRAPHY
- MAMMOGRAPHY — Diagnostic
- MAMMOGRAPHY—Screening
- +/- ULTRASOUND
- GENERAL ULTRASOUND
(inc. musculoskeletal & obstetrics)
- ECHOCARDIOGRAPHY
- US KNEES
 - Collateral Ligament
 - Baker's Cyst
 - Abnormal Tendons
 - Nerve Entrapment
- US SHOULDERS
 - Evaluation Of Tendons
 - Rotator Cuff / Calcification / Tendinosis
 - Biceps Subluxation
 - AC Joint Pathology / Occult #
- DUPLEX ULTRASOUND
(inc. carotids, peripheral vessels)
 - Carotids DVT
 - Arteries Venous Incompetence

ARRIVAL TIME:

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APPOINT. TIME:

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Clerical Initials:

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PATIENT

PROCEDURE REQUIRED

CLINICAL NOTES

REFERRING DOCTOR

REQUEST FORM

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ POSTCODE: _____ TEL: _____

PEN/HCC/DVA: _____ MEDICARE No: _____

MANDATORY FOR CONTRAST STUDIES

Asthma Diabetic Renal Impairment

Creatinine: _____ **eGFR** <50* **Test Date (<1 month)**

CURRENT PROBLEMS:

IS THERE ANY POSSIBILITY YOU ARE PREGNANT?

YES/NO SIGNATURE:

Accredited for compliance with RANZCR Standards of Practice for Diagnostic and Interventional Radiology.

PLEASE PRINT

NAME: _____

ADDRESS: _____

PROVIDER NUMBER: _____

SIGNATURE: _____ DATE: _____

FILMS & REPORT: TO PATIENT DELIVER FAX EMAIL

SEND MORE REFERRAL PADS: A4 COMPUTER REFERRALS A5 REFERRALS

PREPARATIONS

PLEASE BRING ALL PREVIOUS FILMS FOR EACH APPOINTMENT

X-ray Procedures:

General X-ray: No preparation
Intravenous Pyelogram: Fast for 4 hours.

Mammography:

Mammography: No underarm deodorant, cream or talcum powder. Wear separates. Bring previous mammograms.

Ultrasound:

Abdomen: Fast 4 hours. Clear fluids are permitted. No Smoking. No chewing gum.
Pelvis/KUB & Obstetric: **MUST PRESENT WITH A FULL BLADDER.** We suggest drinking 800mls, to be finished 1 hour prior to appointment time.
Other Parts: No preparation.
Echocardiography: No preparation. Please bring recent chest X-rays.

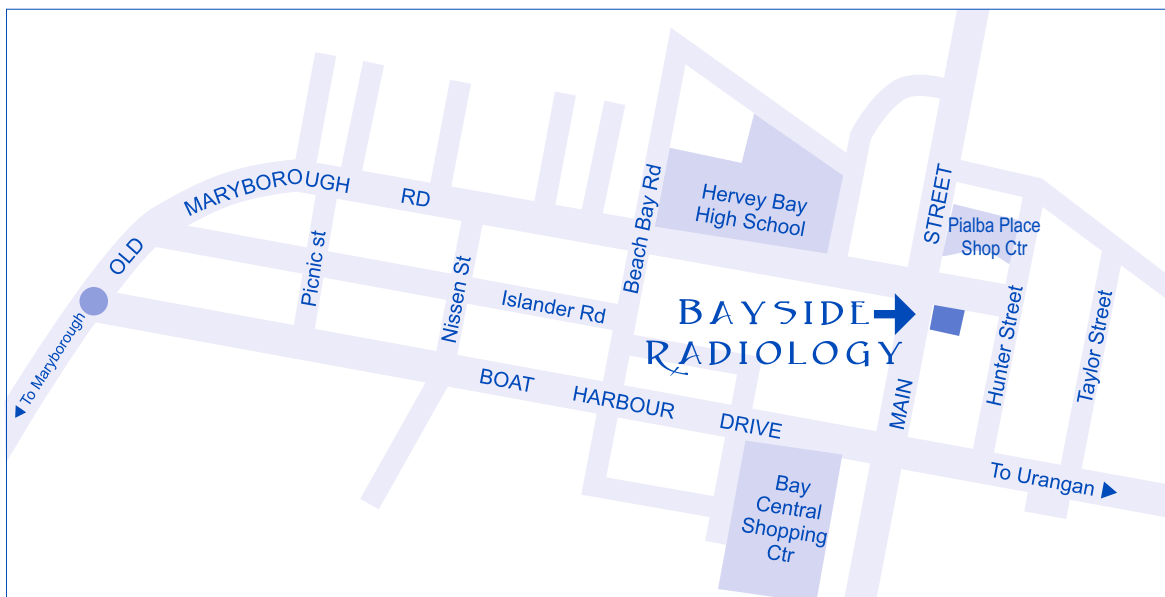
Computed Tomography:

For studies requiring IV contrast media (e.g. Angiograms, Brain, Chest, Abdomen, Pelvis or Neck) Fluids only for 2 hours prior. 600mls of water to be consumed ½hr prior to appointment time.

PLEASE NOTIFY IF ASTHMATIC OR DIABETIC. Other modified studies can be performed without contrast if indicated or required. All other examinations as advised by booking clerk.

No preparation is required for the examination of the spine.

PLEASE DISCUSS WITH THE PRACTICE IF THERE ARE ANY CONCERNS.



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