

PATIENT DETAILS	Name*		DOB*
	Address*		
	Contact Number*		Workers Comp
	Medicare Number		_ U Third Party
EXAMINATION REQUESTED	FULL MEDICARE REBATE Requested by Podiatrist	FULL MEDICARE REBATE Requested by Osteo & Physio	REDUCED MEDICARE REBATE Requested by all Allied Health
	X-Ray Foot L/R	X-Ray Cervical Spine	X-Ray Region (Other):
	☐ X-Ray Ankle L/R	X-Ray Thoracic Spine	_
	X-Ray Knee L/R	X-Ray Lumbar Spine	Ultrasound Region:
	☐ X-Ray Lower Leg L/R	X-Ray Sacrococcygeal	MRI (no rebate):
	US Mid/Forefoot L / R	X-Ray Hip	□ MKI (no repate).
	US Ankle/Hindfoot L / RUS of Mass	X-Ray Pelvis	Other Examination:
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AREA TO BE EXAMINED & CLINICAL NOTES	☐ Allergies For IV contrast exams, recent	creatinine level / eGFR:	☐ Urgent
REFERRER DETAILS	Name*	Speciality*	
	Address*	Provider Number*	
	Contact Number*	Fax Number:	
# H	*Must be completed		
	Signature*	Date*	
All reports and images are available electronically. Please tick below for your additional requests. REPORTS Urgent Results Fax Download Phone Film Copy reports to:			



RADIOLOGY ALLIED HEALTH IMAGING REQUEST



- CONTACT DETAILS
- 46 Main Street PO Box 1916 Hervey Bay, QLD 4655
- (07) 4197 6600
- **(**07) 4197 6622
- bookings@bayrad.com.au
- MRI BOOKINGS: mri@bayrad.com.au
- Monday to Friday
 8.00am 5.00pm
 Closed weekends and public holidays

ABN 63 657 027 515

- General X-Ray
- OPG / Dental
- MRI
- CT (low dose)
- Ultrasound

General

Obstetrics / Gynaecology

Musculoskeletal

Vascular

Doppler

- Interventional Procedures
- Echocardiography
- FNA & Core Biopsy
- 3D Mammography
- Bone Mineral Density

Your doctor has recommended you use Bayside Radiology. You may choose another provider but please discuss this with your doctor first.



OTHER SERVICES