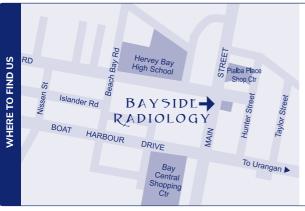


## **IMAGING/CONSULTATION REQUEST**

PATIENT DETAILS	Name* Address*	DOB*
	Contact Number* Medicare Number	☐ Workers Comp☐ Third Party
EXAMINATION REQUESTED	☐ OPG / Dental ☐ Bone M ☐ CT (low dose) ☐ MRI	onmography Other:  ineral Density  ontional Procedure
AREA TO BE EXAMINED & CLINICAL NOTES	☐ Allergies	□ Urgent
	For IV contrast exams, recent crea	tinine level / egfk:
r <sub>S</sub>	Name*	Speciality*
REFERRER DETAILS	Address*	Provider Number*
	Contact Number*	Fax Number:
EFE	*Must be completed	
œ	Signature*	Date*
	imer: Where deemed necessary for patient gement please accept this request as a	All reports and images are available electronically. Please tick below for your additional requests.
	of for consultation to investigate the patient's	REPORTS Urgent Results Fax Download
	ion and history and form an opinion on the ic treatment required for the management	Phone Film Copy reports to:
of the condition or problem.		Referral Pads Required



## **IMAGING/CONSULTATION REQUEST**



- 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

	X-RAY/OPG: No appointment or preparation required.
PATIENT PREPARATION	CT: You will receive instructions before your appointment.
	ULTRASOUND ABDOMEN: Fast 4 hours. Clear fluids are permitted. No smoking. No chewing gum.
	ULTRASOUND PELVIS/KUB & OBSTETRIC: Must present with a full bladder. We suggest drinking 800mls, to be finished 1 hour prior to appointment time.
	MAMMOGRAPHY: Do not wear deodorant or powder before your exam. A two-piece outfit is preferred, as you will need to remove everything from the waist up.
	MRI: As advised by booking clerk. Email referral form to: mri@bayrad.com.au

- 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

Appointment Date:	Appointment Time:	
Preparation:		

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

