



PATIENT DETAILS

Name\* DOB\*

Address\*

Contact Number\*  Workers Comp

Medicare Number  Third Party

EXAMINATION REQUESTED

General X-Ray  3D Mammography  Other: \_\_\_\_\_

OPG / Dental  Bone Mineral Density \_\_\_\_\_

CT (low dose)  MRI \_\_\_\_\_

Ultrasound  Interventional Procedure \_\_\_\_\_

AREA TO BE EXAMINED & CLINICAL NOTES

Allergies  Urgent

For IV contrast exams, recent creatinine level / eGFR: \_\_\_\_\_

REFERRER DETAILS

Name\* Specialty\*

Address\* Provider Number\*

Contact Number\* Fax Number:

\*Must be completed

Signature\* Date\*

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

All reports and images are available electronically. Please tick below for your additional requests.

REPORTS  Urgent Results  Fax  Download

Phone  Film  Copy reports to: \_\_\_\_\_

Referral Pads Required



WHERE TO FIND US



📍 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

PATIENT PREPARATION

- X-RAY/OPG:** No appointment or preparation required.
- 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

SERVICES

- **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.

