

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

REFERRER DETAILS

For IV contrast exams, recent creatinine level / eGFR:

Signature*

Date*

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

Referrals Forms Required

REPORTS Urgent Results Fax Download Phone Film Copy reports to:

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.

FOR OFFICE USE ONLY

PRE-EXAMINATION CHECK

I confirm that prior to this examination the following processes were completed:

Patient ID & Procedure Matching Process

Informed Consent Obtained

Staff Initial _____

FOR ALL EXAMINATIONS USING RADIATION

PREGNANT? Yes No

If yes, I confirm that Radiologist consent was obtained with approval to proceed Yes No

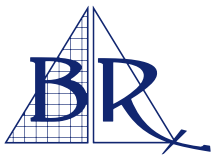
Contrast Allergies Yes No

Renal Disease Yes No

Diabetes Metformin Treatment Yes No

Blood Thinning Medication Yes No

Pacemaker Yes No



- 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

WHERE TO FIND US

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.

