BEACHSIDE RADIOLOGY

ALLIED HEALTH IMAGING REQUEST

PATIENT DETAILS

Name* DOB*

Address*

Contact Number*

Medicare Number

☐ Workers Comp

☐ Third Party

EXAMINATION REQUESTED

FULL MEDICARE REBATE
Requested by Podiatrist

☐ X-Ray Foot L / R
☐ X-Ray Ankle L / R
☐ X-Ray Knee L / R
☐ X-Ray Lower Leg L / R
☐ US Mid/Forefoot L / R
☐ US Ankle/Hindfoot L / R
☐ US of Mass

FULL MEDICARE REBATE
Requested by Osteo & Physio

☐ X-Ray Cervical Spine
☐ X-Ray Thoracic Spine
☐ X-Ray Lumbar Spine
☐ X-Ray Sacrococcygeal
☐ X-Ray Hip
☐ X-Ray Pelvis

REDUCED MEDICARE REBATE
Requested by all Allied Health

☐ X-Ray Region (Other):
☐ Ultrasound Region:
☐ MRI *(no rebate)*:
☐ Other Examination:

AREA TO BE EXAMINED & CLINICAL NOTES

☐ Allergies ☐ Urgent

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* Speciality*

Address* Provider Number*

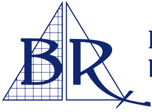
Contact Number* Fax Number:

*Must be completed

Signature* Date*

All reports and images are available electronically. Please tick below for your additional requests. ☐ Referral Pads Required

REPORTS ☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:



ALLIED HEALTH IMAGING REQUEST

WHERE TO FIND US

CONTACT DETAILS

20 Park Avenue
PO Box 1224
Coffs Harbour NSW 2450

(02) 6691 7800
(02) 6691 7822

bookings@beachrad.com.au

MRI BOOKINGS:
mribookings@beachrad.com.au

Monday to Friday
8.30am - 5.00pm
Closed weekends
and public holidays

ABN 33 657 027 391

OTHER SERVICES

- **General X-Ray**
- **Fluoroscopy / Screening**
- **OPG / Dental**
- **Cone Beam CT**
- **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 Beachside Radiology. You may choose another provider but please discuss this with your doctor first.