

**PATIENT DETAILS**

Name\* DOB\*

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Address\*

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Contact Number\*  Workers Comp

Medicare Number  Third Party

**EXAMINATION REQUESTED**

OPG

Lat Ceph

TMJ

Sinuses

Bone Age

Cone Beam CT

Other

**AREA TO BE EXAMINED**

Upper Jaw

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

Lower Jaw

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

**AREA TO BE EXAMINED & CLINICAL NOTES**

Allergies  Urgent

For IV contrast exams, recent creatinine level / eGFR:

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**REFERRER DETAILS**

Name\* Specialty\*

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Address\* Provider Number\*

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Contact Number\* Fax Number:

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*\*Must be completed*

Signature\* Date\*

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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:



## WHERE TO FIND US

📍 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

## CONTACT DETAILS

- **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**

## OTHER SERVICES

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