

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

REFERRER DETAILS

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

For IV contrast exams, recent creatinine level / eGFR:

Signature\*

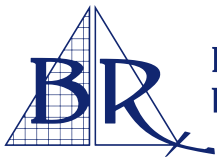
Date\*

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.



WHERE TO FIND US

- 📍 20 Park Avenue  
PO Box 1224  
Coffs Harbour NSW 2450
- ☎ (02) 6691 7800
- 📠 (02) 6691 7822
- ✉ [bookings@beachrad.com.au](mailto:bookings@beachrad.com.au)
- ✉ **MRI BOOKINGS:**  
[mribookings@beachrad.com.au](mailto:mribookings@beachrad.com.au)
- 🌐 Monday to Friday 8.30am - 5.00pm  
Closed weekends and public holidays

ABN 33 657 027 391

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 600mls, 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: [mribookings@beachrad.com.au](mailto:mribookings@beachrad.com.au)

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**

**Appointment Date:** \_\_\_\_\_

**Appointment Time:** \_\_\_\_\_

**Preparation:** \_\_\_\_\_

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

