

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

EXAMINATION REQUESTED

<p>FULL MEDICARE REBATE <u>Requested by Podiatrist</u></p> <p><input type="checkbox"/> X-Ray Foot L / R</p> <p><input type="checkbox"/> X-Ray Ankle L / R</p> <p><input type="checkbox"/> X-Ray Knee L / R</p> <p><input type="checkbox"/> X-Ray Lower Leg L / R</p> <p><input type="checkbox"/> US Mid/Forefoot L / R</p> <p><input type="checkbox"/> US Ankle/Hindfoot L / R</p> <p><input type="checkbox"/> US of Mass</p>	<p>FULL MEDICARE REBATE <u>Requested by Osteo & Physio</u></p> <p><input type="checkbox"/> X-Ray Cervical Spine</p> <p><input type="checkbox"/> X-Ray Thoracic Spine</p> <p><input type="checkbox"/> X-Ray Lumbar Spine</p> <p><input type="checkbox"/> X-Ray Sacrococcygeal</p> <p><input type="checkbox"/> X-Ray Hip</p> <p><input type="checkbox"/> X-Ray Pelvis</p>	<p>REDUCED MEDICARE REBATE <u>Requested by all Allied Health</u></p> <p><input type="checkbox"/> X-Ray Region (Other): _____</p> <p><input type="checkbox"/> Ultrasound Region: _____</p> <p><input type="checkbox"/> Other Examination: _____</p>
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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*** _____

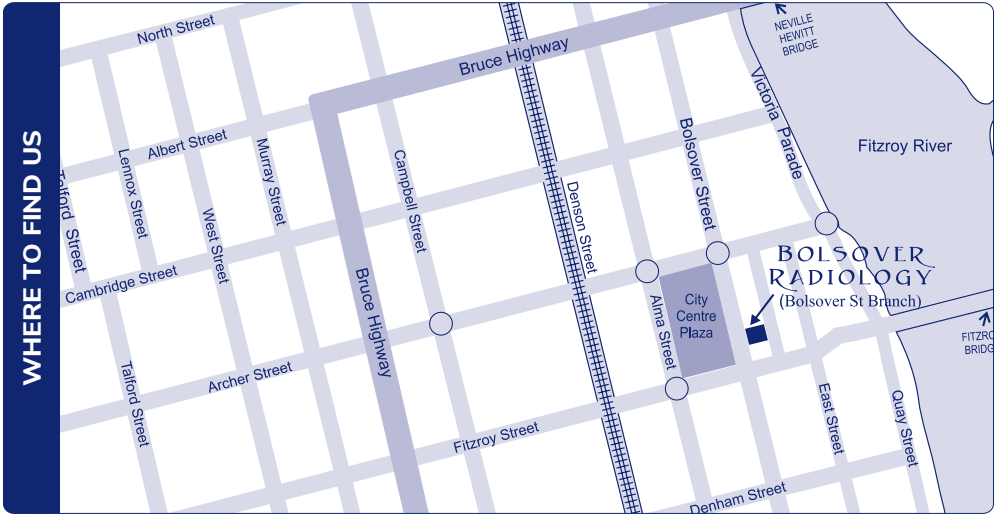
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BOLSOVER
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ALLIED HEALTH IMAGING REQUEST



WHERE TO FIND US

📍 129 Bolsover Street
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Rockhampton, QLD 4700

☎ (07) 4930 7500

📠 (07) 4930 7522

✉ bookings@bolrad.com.au

🌐 Monday to Friday
8.00am - 5.00pm
Closed weekends
and public holidays

ABN 18 658 115 532

CONTACT DETAILS

- **General X-Ray**
- **OPG / Dental**
- **CT (low dose)**
- **Ultrasound**
 - General
 - Obstetrics / Gynaecology
 - Musculoskeletal
 - Vascular
 - Doppler
- **Echocardiography**
- **Interventional Procedures**
- **FNA & Core Biopsy**
- **Bone Mineral Density**

OTHER SERVICES

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



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