

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

EXAMINATION
REQUESTED

- General X-Ray Interventional Procedure (Inc. Injections / FNA / Core Biopsy)
 OPG / Dental Bone Mineral Density
 CT (low dose) Other: _____
 Ultrasound

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*

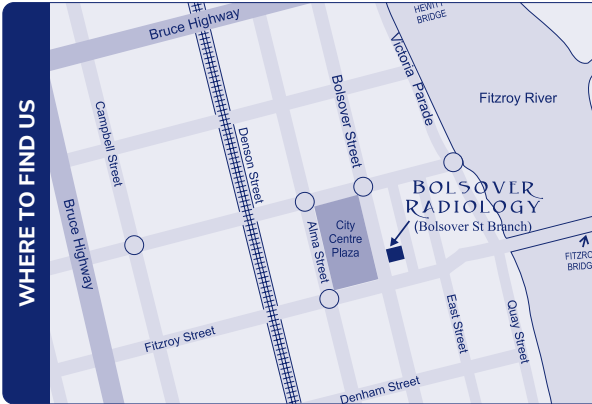
Signature* _____ **Date*** _____

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.

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

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

Referral Pads Required



WHERE TO FIND US

-  129 Bolsover Street
PO Box 920
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

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.

SERVICES

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

Appointment Date:

Appointment Time:

Preparation:

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