BOLSOVER RADIOLOGY

IMAGING/CONSULTATION REQUEST

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Signature*

Date*

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 ☐

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.

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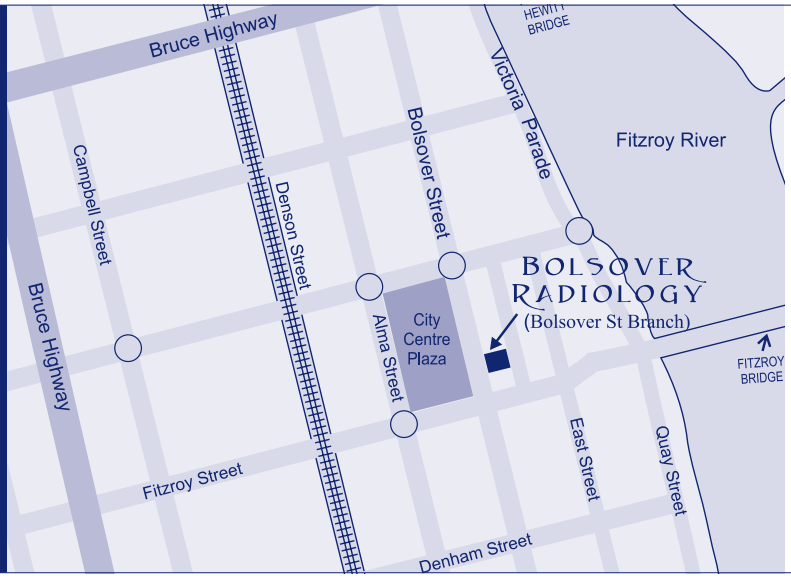
WHERE TO FIND US



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.

Members of Carlisle health

PLEASE BRING ANY PREVIOUS IMAGES AND REPORTS

www.bolrad.com.au • bookings@bolrad.com.au • (07) 4930 7500