



ALLIED HEALTH IMAGING REQUEST

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"/> MRI (no rebate): _____</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* _____

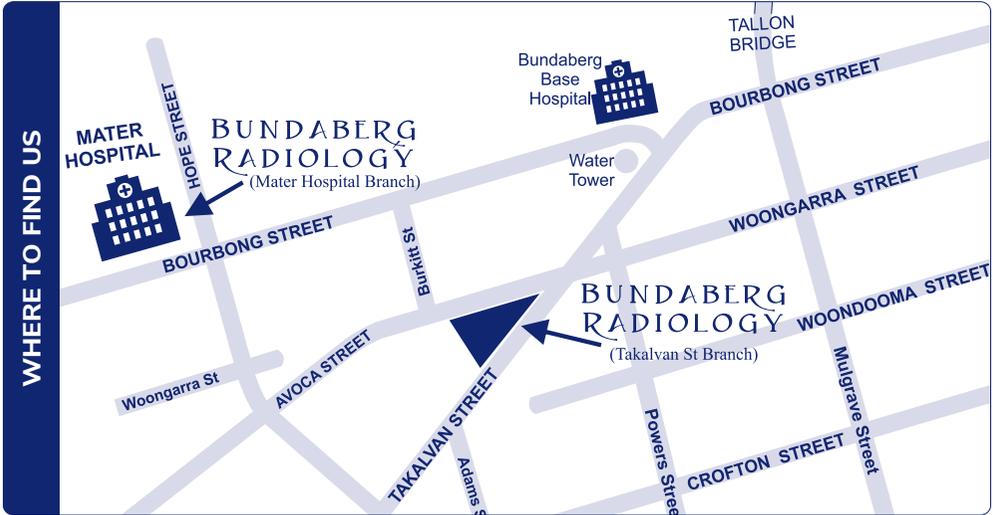
Contact Number* _____ Fax Number: _____

*Must be completed

Signature* _____ Date* _____

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

CONTACT DETAILS

- 3A Takalvan St, Bundaberg, QLD 4670
- Mater Hospital, Cnr Bourbong & Hope St, Bundaberg, QLD 4670
- (07) 4150 0200
- (07) 4150 0222
- bookings@bundryrad.com.au
- MRI BOOKINGS:**
mribookings@bundryrad.com.au
- Monday to Friday
8.30am - 5.00pm
Closed weekends and public holidays
ABN 23 657 027 346

OTHER SERVICES

- **General X-Ray**
- **Fluoroscopy / Screening**
- **OPG / Dental**
- **CT (low dose)**
- **MRI**
- **Ultrasound**
General
Obstetrics / Gynaecology
Musculoskeletal
Vascular
Doppler
- **Interventional Procedures**
- **Echocardiography**
- **FNA & Core Biopsy**
- **3D Mammography**
- **Bone Mineral Density**

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



PLEASE BRING ANY PREVIOUS IMAGES AND REPORTS

www.bundryrad.com.au • bookings@bundryrad.com.au • (07) 4150 0200