



PATIENT DETAILS

Name\* DOB\*

Address\*

Contact Number\*  Workers Comp

Medicare Number  Third Party

EXAMINATION REQUESTED

- OPG
- Lat Ceph
- TMJ
- Sinuses
- Bone Age
- Other

AREA TO BE EXAMINED

Upper Jaw  
18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

Lower Jaw  
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

AREA TO BE EXAMINED & CLINICAL NOTES

Allergies  Urgent

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name\* Specialty\*

Address\* Provider Number\*

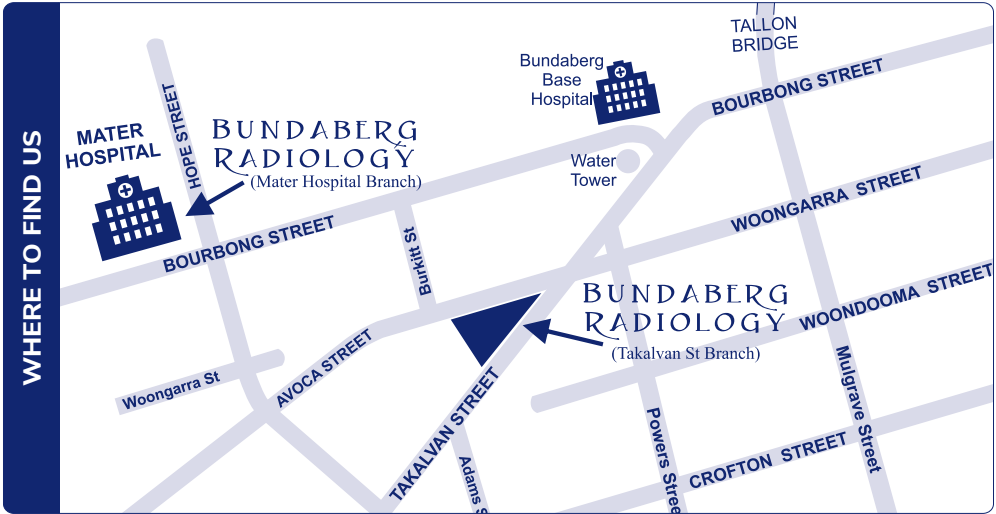
Contact Number\* Fax Number:

*\*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

OTHER SERVICES

- 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](mailto:bookings@bundryrad.com.au)
- MRI BOOKINGS:**  
[mribookings@bundryrad.com.au](mailto:mribookings@bundryrad.com.au)
- Monday to Friday  
8.30am - 5.00pm  
Closed weekends and public holidays  
ABN 23 657 027 346

- **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

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