



PATIENT DETAILS

Name* DOB*

Address*

Contact Number* Workers Comp

Medicare Number Third Party

EXAMINATION REQUESTED

General X-Ray 3D Mammography Other: _____

OPG / Dental Bone Mineral Density _____

CT (low dose) MRI _____

Ultrasound Interventional Procedure _____

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*

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

- 📍 3A Takalvan St, Bundaberg, QLD 4670
- 📍 Mater Hospital, Cnr Bourbong & Hope St, Bundaberg, QLD 4670
- ☎️ (07) 4150 0200
- ☎️ (07) 4150 0222
- ✉️ bookings@bundyrad.com.au
- ✉️ **MRI BOOKINGS:**
mribookings@bundyrad.com.au
- 🌐 Monday to Friday 8.30am - 5.00pm
Closed weekends and public holidays

ABN 23 657 027 346

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.
- MAMMOGRAPHY:** Do not wear deodorant or powder before your exam. **A two-piece outfit is preferred**, as you will need to remove everything from the waist up.
- MRI:** As advised by booking clerk.
Email referral form to: mri@bayrad.com.au

SERVICES

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

Appointment Date: _____ **Appointment Time:** _____

Preparation:

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

