



BAYSIDE RADIOLOGY



RANZCR/NATA
Accredited for compliance with
RANZCR Standards of Practice
for Clinical Radiology

ABN 63 657 027 515

Address:

46 Main Street
PO Box 1916
Hervey Bay Qld 4655

E: bookings@bayrad.com.au

W: www.bayrad.com.au

Phone: (07) 4197 6600

Fax: (07) 4197 6622

MRI Bookings:

mri@bayrad.com.au

- ☐ XRAY
- ☐ CT
- ☐ OPG / LAT CEPH
- ☐ MRI
- ☐ BONE DENSITOMETRY
- ☐ INTERVENTIONAL PROCEDURES
- ☐ 3D MAMMOGRAPHY—Diagnostic
- ☐ 3D MAMMOGRAPHY—Screening
- ☐ +/- ULTRASOUND
- ☐ GENERAL ULTRASOUND
(inc. musculoskeletal & obstetrics)
- ☐ ECHOCARDIOGRAPHY
- ☐ US KNEES
- ☐ Collateral Ligament
- ☐ Baker's Cyst
- ☐ Abnormal Tendons
- ☐ Nerve Entrapment
- ☐ US SHOULDERS
- ☐ Evaluation Of Tendons
- ☐ Rotator Cuff / Calcification /
Tendinosis
- ☐ Biceps Subluxation
- ☐ AC Joint Pathology / Occult #
- ☐ DUPLEX ULTRASOUND
(inc. carotids, peripheral vessels)
- ☐ Carotids ☐ DVT
- ☐ Arteries ☐ Venous
Incompetence

ARRIVAL TIME:

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APPOINT. TIME:

.....

Clerical Initials:

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PATIENT

PROCEDURE REQUIRED

CLINICAL NOTES

REFERRING DOCTOR

REQUEST / REFERRAL FORM

NAME:

DATE OF BIRTH:

ADDRESS:

POSTCODE:

TEL:

PEN/HCC/DVA:

MEDICARE No:

MANDATORY FOR CONTRAST STUDIES

☐ Asthma

☐ Diabetic

☐ Renal Impairment

Creatinine:

eGFR ☐ <50*

Test Date (<1 month)

CURRENT PROBLEMS:

IS THERE ANY POSSIBILITY YOU ARE PREGNANT?

YES/NO SIGNATURE:

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PLEASE PRINT

NAME:

ADDRESS:

PROVIDER NUMBER:

SIGNATURE:

DATE:

REPORTS: ☐ TO PATIENT ☐ FAX ☐ ELECTRONIC

IMAGES: ☐ PAPER ☐ CD ☐ FILM ☐ NONE

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

MY APPOINTMENT	
APPOINTMENT DATE.....	
TIME.....	

PLEASE BRING ALL PREVIOUS FILMS FOR EACH APPOINTMENT

X-ray:

General X-ray: No preparation

Mammography:

Mammography: No underarm deodorant, cream or talcum powder. Wear separates. Bring previous mammograms.

Ultrasound:

Abdomen: Fast 4 hours. Clear fluids are permitted. No Smoking. No chewing gum.

Pelvis/KUB & Obstetric: MUST PRESENT WITH A FULL BLADDER. We suggest drinking 800mls, to be finished 1 hour prior to appointment time.

Other Parts: No preparation.

Echocardiography: No preparation. Please bring recent chest X-rays.

Computed Tomography (CT):

For studies requiring IV contrast media (e.g. Angiograms, Brain, Chest, Abdomen, Pelvis or Neck) Fluids only for 2 hours prior. 600mls of water to be consumed ½hr prior to appointment time.

PLEASE NOTIFY IF ASTHMATIC OR DIABETIC. Other modified studies can be performed without contrast if indicated or required. All other examinations as advised by booking clerk.

No preparation is required for the examination of the spine.

Magnetic Resonance Imaging (MRI):

As advised by booking clerk.

E-mail referral form to: mri@bayrad.com.au

PLEASE DISCUSS WITH THE PRACTICE IF THERE ARE ANY CONCERNS.

