

BEACHSIDE RADIOLOGY



					RANZCR Standard for Clinical Ra	s of Practice dio l ogy
ABN 33 657 027 391		RE	QUEST/F	REFERRAL		
Address:	NAME:			DATE OF BIRTH:		
20 Park Avenue PO Box 1224 Coffs Harbour NSW 2450	ADDRESS:			POSTCODE:	TEL:	
E: bookings@beachrad.com.au W: www.beachrad.com.au	PEN/HCC/DV/	A:		MEDICARE No:		
Phone: (02) 6691 7800 Fax: (02) 6691 7822						
MRI Bookings: mribookings@beachrad.com.au	REQUIRE					
□ XRAY □ CT □ MRI □ ORGULAT GERM	ROCEDURE R					
☐ OPG/LAT CEPH ☐ CONE BEAM	B 0					
SCREENING	MANDATO	RY FOR CONTR	AST STUDIES			
☐ 3D MAMMOGRAPHY—Diagnostic	☐ Asthm		Diabetic		npairment	
☐ 3D MAMMOGRAPHY—Screening	Creatinine		eGFR □ <5		Test Date (<1 month)	
☐ +/- ULTRASOUND						
☐ BONE DENSITOMETRY	CURRENT PRO	BLEMS:				
☐ INTERVENTIONAL PROCEDURE						
☐ ECHOCARDIOGRAPHY						
GENERAL ULTRASOUND (inc. musculoskeletal & obstetrics)						
□ DUPLEX ULTRASOUND (inc. carotids, peripheral vessels) □ Carotids □ DVT □ Arteries □ Venous Incompetence	L NOTES					
 KNEES Collateral Ligament Baker's Cyst Abnormal Tendons Nerve Entrapment 	CLINICAL	NY POSSIBILITY	VOIL ARE DREG	DRIARIT?		
□ SHOULDERS □ Evaluation Of Tendons □ Rotator Cuff / Calcification /		IGNATURE:	TOU ARE PREC	INANT :		
Tendinosis ☐ Biceps Subluxation	Accredited for	compliance with RANZ	CR Standards of Pra	ctice for Clinical Radiolo	ogy.	
☐ AC Joint Pathology / Occult #	PLEASE PRINT					
ARRIVAL TIME:	NAME:					
	ADDRESS:					
	رع	250				
APPOINT. TIME:	PROVIDER NUMI	BER:				
	SIGNATURE:			DATE:		
Clerical Initials:	SIGNATURE: REPORTS:	TO PATIENT	FAX	ELECTRONIC		
	C IMAGES.	DADED	CD	EII M	NONE	

MY APPOINTMENT
ADDOINTMENT DATE
APPOINTMENT DATE
TIME

PLEASE BRING ALL PREVIOUS FILMS FOR EACH APPOINTMENT

X-ray:

General X-ray: No Preparation

Screening:

Ba Meal: No food, fluids or smoking for 3 hours prior to the examination.

Ba Enema: Follow the instructions provided in the preparation kit.

Intravenous Pyelogram: Fast for 4 hours.

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

I hour prior to appointment time.

Other Parts: No preparation.

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

Computed Tomography:

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.

Please discuss with the practice if there is concern.

Magnetic Resonance Imaging (MRI):

As advised by booking clerk.

Email referral form to: mribookings@beachrad.com.au

