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Phone: (07) 4930 7500  
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- ☐ XRAY
- ☐ CT
- ☐ OPG / LAT CEPH
- ☐ CONE BEAM
- ☐ BONE DENSITOMETRY
- ☐ INTERVENTIONAL PROCEDURES
- ☐ MAMMOGRAPHY — Diagnostic
- ☐ 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:

.....

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:**

Accredited for compliance with RANZCR Standards of Practice for Clinical Radiology.

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 Bolsover 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

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  
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 1/2hr 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 ARE ANY CONCERNS.

