

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

EXAMINATION REQUESTED

- | | |
|--|---|
| <input type="checkbox"/> General X-Ray | <input type="checkbox"/> 3D Mammography |
| <input type="checkbox"/> CT (low dose) | <input type="checkbox"/> Bone Mineral Density |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Interventional Procedure |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Other: _____ |

AREA TO BE EXAMINED & CLINICAL NOTES

Allergies _____ Urgent _____

For IV contrast exams, recent creatinine level / eGFR: _____

REFERRER DETAILS

Name* _____ **Speciality*** _____

Address* _____ **Provider Number*** _____

Contact Number* _____ **Fax Number:** _____

**Must be completed*

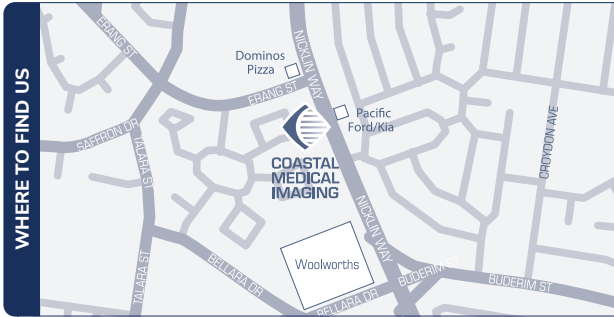
Signature* _____ **Date*** _____

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

-  724 Nicklin Way, Currimundi QLD 4551
On site parking available
-  (07) 5413 5000
-  (07) 5413 5050
-  info@coastalxray.com.au
-  Monday to Friday 8.00am - 5.00pm
Closed weekends and public holidays

PATIENT PREPARATION

- X-RAY:** No appointment or preparation required.
- CT:** You will receive instructions before your appointment.
- ULTRASOUND RENAL:** No eating, drinking (except water), or smoking 6 hours before the exam. A full bladder is required. **Drink 750ml of water, finishing 1 hour before your appointment.** Do not empty your bladder.
- ULTRASOUND OF PELVIS AND PREGNANCY:** A full bladder is required. **Drink 750ml of water, finishing 1 hour before your appointment.** Do not empty your bladder.
- ULTRASOUND OF ABDOMEN (LIVER, GALLBLADDER OR PANCREAS):** No eating, drinking (except water), or smoking 8 hours before the exam.
- 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.

SERVICES

- **General X-Ray**
- **CT (low dose)**
- **Ultrasound**
Musculoskeletal
Abdominal and pelvic
Vascular
Paediatric
Obstetric
Nuchal translucency
- **3D Mammography**
- **MRI**
- **Interventional Procedures**
- **FNA & Core Biopsy**
- **Bone Mineral Density**
- **Sports Medicine Imaging**
- **Workers Compensation**
- **Paediatric Imaging**

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

Preparation: _____

Your doctor has recommended you use Coastal Medical Imaging. You may choose another provider but please discuss this with your doctor first.

