

PATIENT DETAILS
Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

EXAMINATION REQUESTED
FULL MEDICARE REBATE
Requested by Podiatrist

- X-Ray Foot L / R
- X-Ray Ankle L / R
- X-Ray Knee L / R
- X-Ray Lower Leg L / R
- US Mid/Forefoot L / R
- US Ankle/Hindfoot L / R
- US of Mass

FULL MEDICARE REBATE
Requested by Osteo & Physio

- X-Ray Cervical Spine
- X-Ray Thoracic Spine
- X-Ray Lumbar Spine
- X-Ray Sacrococcygeal
- X-Ray Hip
- X-Ray Pelvis

REDUCED MEDICARE REBATE
Requested by all Allied Health

- X-Ray Extremity Region:

- Ultrasound Region:

- MRI (no rebate):

- Other Examination:

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*** _____

 All reports and images are available electronically (via IntelRad and/or downloads).
 Please tick below for your additional requests.

 Referral Pads Required

REPORTS Urgent Results Fax Download Phone Film Copy reports to:



CONTACT DETAILS

- 📍 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

OTHER 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**

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