



# Imaging Request

PLEASE BRING PREVIOUS FILMS FOR COMPARISON

NAME:

DATE:

DETAILS:

MEDICARE NO:

WORKERS COMPENSATION

Patient

Exam

Clinical Notes

Referring Doctor

Dr D Donohoe  
Dr T Lo  
Dr A Ting

**Coffs Harbour (West High Street):** (02) 6648 2700

**Coffs Harbour (Homebase):**  
(02) 6650 1700

**Nambucca Heads:**  
(02) 6568 7477

### IV Contrast Alert

If patient requiring IV contrast, recent creatinine level / eGFR:

Date of renal function test:

### Obstetric Ultrasound:

Previous Uterine surgery / Instrumentation: Yes / No

Number: \_\_\_\_\_

Date LMP: \_\_\_\_\_

REFERRER DETAILS:

PROVIDER NO:

SIGNATURE \_\_\_\_\_

COPIES TO:

DATE:

YOUR DOCTOR HAS RECOMMENDED THAT YOU USE COFFS HARBOUR RADIOLOGY. YOU MAY CHOOSE ANOTHER PROVIDER BUT PLEASE DISCUSS THIS WITH YOUR DOCTOR FIRST.



**Please note:**

Some examinations require special preparation. Please check when making your appointment.



**Coffs Harbour**

140 West High Street, Coffs Harbour  
 Po Box 1736, Coffs Harbour NSW 2450  
**Tel:** (02) 6648 2700 **Fax:** (02) 6651 4087  
*Free on street parking or parking at one of 3 council car parks*



**Coffs Harbour**

Shop 19 Homebase, 252 Pacific Highway  
 Coffs Harbour NSW 2450  
**Tel:** (02) 6650 1700 **Fax:** (02) 6650 0711  
*Free parking at the shopping centre carpark*



**Nambucca Heads**

7 Short Street,  
 Nambucca Heads NSW 2448  
**Tel:** (02) 6568 7477 **Fax:** (02) 6568 9933  
*Free on street parking*

Practice Procedure List	Coffs Harbour West High Street	Coffs Harbour Homebase	Nambucca Heads
MRI	•		
CT Scans	•	•	•
CT Coronary Angiography	•		
CT Colonography	•		
Ultrasound	•	•	•
X-Ray	•	•	•
Mammography	•		
Nuclear Medicine		•	
Nuclear Medicine with SPECT/CT		•	
Musculoskeletal Injections	•		
Bone Mineral Density (BMD)	•	•	
OPG (Dental)		•	
Saturday AM		•	



**Coffs Harbour Radiology**

Comprehensive care. Uncompromising quality.

A member of **I-MED Radiology Network**