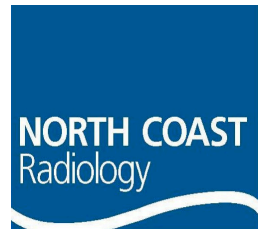


Imaging Request

Serving our local community since 1974



1300 669 729

LOCATIONS & SERVICES

BALLINA

[93 Tamar Street](#)

X-Ray, CT, OPG
Mammography 3D
Bone Densitometry
Ultrasound, MRI

ballina@ncrad.com

BYRON BAY

[8 Bayshore Drive](#)

X-Ray, CT, OPG
Ultrasound

byron@ncrad.com

CASINO

[133-145 Centre St](#)

X-Ray, CT, OPG
Ultrasound

casino@ncrad.com

GOONELLABAH

[799 Ballina Road](#)

X-Ray, OPG, Ultrasound
goonellabah@ncrad.com

LISMORE

St Vincents Hospital
[2 Dally Street](#)

General Radiology

X-Ray, CT
MRI, Ultrasound
stvincents@ncrad.com

Women's Imaging

Mamography
3D Tomosynthesis
Bone Densitometry
Ultrasound
ncrwi@ncrad.com

Nuclear Medicine

nuclear@ncrad.com

PATIENT

Name Phone

Date of birth Gender F M Medicare No.

Address

Email address

REQUEST

Sides N/A Left Right Both

[Xray](#)

[Ultrasound](#)

[CT](#)

[Mammogram](#)

[Nuclear Med.](#)

[MRI Referral Form click here](#)

[BMD Referral Form click here](#)

Other

CLINICAL HISTORY

If female and of child bearing age, please indicate if patient may be pregnant No Yes

Contrast allergy No Yes Diabetes Metformin treatment No Yes

Renal disease No Yes Creatinine level: eGFR: Date

DOCTOR

Name Provider Number

Address

Date Phone Films

Email

Copy to

NCR are committed to sustainability. All images are available digitally

INTERNAL USE ONLY

Patient ID

Accession #

PATIENT

Please call patient to arrange appointment

Patient will call

[ZED Information](#)

Appointment Date:

Time:

[Images & report when complete \(ZED\)](#)

Preparation:

Please bring this form, Medicare and concessional cards to your appointment along with any previous relevant films.

Your medical practitioner has recommended you use NCR or CVI for quality imaging. You may choose another provider but please discuss this with your medical practitioner first.

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[Medicare criteria](#)

[Results \(InteleConnect\)](#)