

# ULTRA LOW DOSE

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MONDAY TO FRIDAY 8:00am - 5:00pm  
 SATURDAY 8:30am - 12:30pm



THE LEADER IN LOW DOSE IMAGING

## PATIENT DETAILS

Name: ..... D.O.B: ..... / ..... / .....

Address: .....

Phone: .....

Workers Compensation Claim Number .....

Clinical Notes Allergies ..... Creatinine Level .....

## EXAM REQUIRED

### Ultra Low Dose CT

- CT .....
- CT Head  CT Spine
- CT Middle Ear  CT Extremities
- CT Soft Tissue Neck  CT Bone Density
- CT Sinus  CT Angiogram
- CT Chest  CT Colonography
- CT Abdo/Pelvis  CT Interventional

### ULTRASOUND

- .....
- Abdominal
- Pelvis
- Renal
- Obstetrics
- MSK
- Doppler

### MRI (Wide Bore)

- MRI .....
- MRI MSK
- MRI Spine

### X-RAY

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### DENTAL

- OPG/Lat Ceph
- CT Conebeam

MAMMOGRAPHY (Tomosynthesis) +/- Ultrasound

### NUCLEAR MEDICINE +/- SPECT/CT & DEXA

- Bone Scan  Thyroid Scan
- Myocardial Perfusion Scan  DEXA whole body composition
- V/Q Scan  Other .....

REPORT  Routine  Urgent  Phone  Fax  More Request Pads

### Referrer Details

**Bulk Billing**

For Medicare Eligible Items

Name:  
 Provider No:  
 Address:  
 Phone/Fax:  
 Signature:

Date: