



QUANTUM
RADIOLOGY
BANKSTOWN
Appointments
T: 02 8760 9100

PATIENT DETAILS

Name: _____

Address: _____

D.O.B: ____ / ____ / ____ Phone: _____

☐ **Workers Compensation** **Claim Number** _____

EXAM REQUIRED

640 SLICE VISION CT - Ultra Low Dose

☐ CT _____

- ☐ CT Angiogram
- ☐ CT Coronary Angiogram

ULTRASOUND

- ☐ _____
- ☐ Doppler - Venous/Arterial
- ☐ MSK
- ☐ Obstetrics

NUCLEAR MEDICINE +/- SPECT/CT

☐ _____

INTERVENTIONAL AND PAIN MANAGEMENT

☐ _____

- ☐ Image Guided Injections
- ☐ CT Guided spine Injections
- ☐ Fine Needle Aspirate (FNA)/Core Biopsy

MRI (Wide Bore)

☐ _____

☐ **DEXA**

☐ **MAMMOGRAPHY** (Tomosynthesis) +/- Ultrasound

X-RAY

☐ _____

DENTAL

- ☐ OPG/Lat Ceph
- ☐ CT Conebeam

Clinical Notes **Allergies** _____

Creatinine Level **eGFR**

☐ **Films** ☐ **More Request Pads** ☐ **Urgent**

Bulk Billing
For Medicare Eligible Items

REFERRER DETAILS

Name: _____		Specialty: _____
Address: _____		
Phone: _____	Fax: _____	Provider No: _____
Signature: _____		Date: _____

EXAMINATION PREPARATIONS

X-Ray / Dental Imaging

No appointment necessary.

X-rays do not require any special preparation. Metal objects such as watches, keys, coins and jewellery will show up on the x-ray affecting the images and therefore may need to be removed.

Ultrasound

If you have been referred for an Ultrasound Scan by your doctor, please contact Bookings on 02 8760 9100 and arrange an appointment.

- For upper abdomen studies (such as liver, spleen, gallbladder and pancreas) do not eat, drink or smoke for 6 hours before your appointment. Continue to take any medication.
- For lower abdomen studies (such as pelvis, pregnancy, kidney and prostate) you must have a full bladder at the time of the appointment.

Empty your bladder 1½ hours before your appointment and then drink 1 litre of water, finishing 1 hour before your appointment time. **Do not empty your bladder after this.**

Generally, you will be most comfortable if you wear loose fitting clothing. You will need to remove clothing and jewellery in the area to be examined and will be provided with a gown to wear.

CT Scan

CT Brain/Neck/Chest/Abdomen/Pelvis

Nothing to eat 2 hours prior to examination.

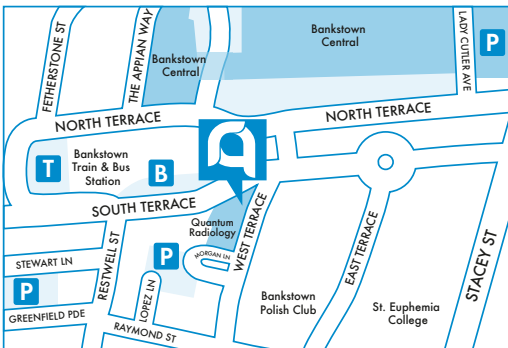
Please bring all previous films to examination

ALL REFERRALS ACCEPTED

Your doctor has recommended that you use Quantum Radiology. You may choose another provider but please discuss this with your doctor first.

BANKSTOWN **BLAXLAND** **CHESTER HILL** **ERINA** **LEICHHARDT** **MT DRUITT** **PENRITH** **SPRINGWOOD** **ST MARYS**

T: 02 8760 9100 T: 02 4702 3655 T: 02 8713 1855 T: 02 4363 9300 T: 02 9569 7223 T: 02 9854 0100 T: 02 4722 4700 T: 02 4702 3661 T: 02 9623 2550



General X-ray	Ultrasound	Low Dose CT	Interventional Radiology	OPG/ lat Ceph	Cone Beam	3D Mammography	DEXA	MRI	Nuclear Medicine
•	•	•	•	•	•	•	•	•	•
•	•	•	•	•			•		
•	•	•	•	•					

BANKSTOWN

258 South Terrace,
Bankstown NSW 2200
T: 02 8760 9100 F: 02 8760 9101
Monday to Friday 8.00am - 5.00pm
Saturday 8:30am - 12:30pm

CHESTER HILL

Shops 24-27, Chester Square Shopping Centre,
1 Leicester St, Chester Hill NSW 2162
T: 02 8713 1855 F: 02 8713 1856
Monday to Friday 8.00am - 5.00pm

LEICHHARDT

Suite 2, Ground Floor, 92-94 Norton Street,
Leichhardt NSW 2040
T: 02 9569 7223 F: 02 9569 8079
Monday – Friday 8:30 am – 5:00 pm