



# CHATSWOOD DIAGNOSTIC CENTRE

Dr. L. Bank MBBS, FRANZCR

[www.myscan.com.au](http://www.myscan.com.au)

2/16-18 Malvern Ave, Chatswood NSW 2067

Ph: 9415 1555 Fax: 9413 2959

**MORE REFERRAL PACKS PLEASE**

DOCTORS NAME.....

PRACTICE ADDRESS.....

.....



# Chatswood Diagnostic Centre

Dr. L. BANK MBBS, FRANZCR  
2/16-18 Malvern Ave, Chatswood NSW 2067  
Phone: 9415 1555 Fax: 9413 2959



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## REQUEST FOR DIAGNOSTIC EXAMINATION

Patient Details

Examination(s) Requested

Clinical Notes

- X-RAY +/- not for comparison
  - CT +/- PLAIN FILMS IF INDICATED
  - CT ANGIOGRAPHY     VIRTUAL COLONOSCOPY
  - CT CARDIAC FUNCTION     SPECT / CT
  - CT PERFUSION
  - FACET JOINT INJECTION
  - CORONARY CALCIUM SCORE
  - COLOUR DUPLEX ULTRASOUND
  - ULTRASOUND
  - OBSTETRIC ULTRASOUND
  - EARLY PREGNANCY/NUCHAL TRANSLUCENCY
  - DIGITAL MAMMOGRAPHY (according to items 59300 or 59303) +/- ULTRASOUND IF INDICATED
  - DIGITAL MAMMOGRAPHY SCREENING (non claimable) +/- ULTRASOUND IF INDICATED
  - BONE MINERAL DENSITY (medicare compliant)
  - BONE MINERAL DENSITY (non claimable)
  - DIGITAL OPG     TMJ/Cephalogram
- NUCLEAR MEDICINE STUDIES**
- |                                  |                                  |                                      |
|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> CARDIAC | <input type="checkbox"/> THYROID | <input type="checkbox"/> PARATHYROID |
| <input type="checkbox"/> BONE    | <input type="checkbox"/> LIVER   | <input type="checkbox"/> BILIARY     |
| <input type="checkbox"/> LUNG    | <input type="checkbox"/> RENAL   | <input type="checkbox"/> GIT         |
| <input type="checkbox"/> WBC     | <input type="checkbox"/> GALLIUM | <input type="checkbox"/> OTHER       |

Referring Doctor

Signed

Date

For Web Access of Images & Reports Phone 9415 1555     Phone report     Fax report     Email report

**\*\*\*PLEASE BRING ANY PREVIOUS FILMS\*\*\***

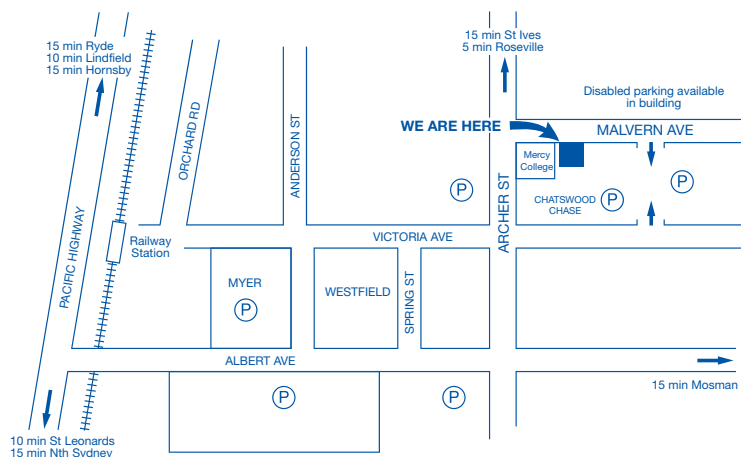
More \*Referral Pads Please

# CHATSWOOD DIAGNOSTIC CENTRE

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2/16-18 Malvern Avenue,  
Chatswood

Hours: 8.15 am - 5.30 pm Mon-Fri  
9 am - 12 pm Sat.



## DIRECTIONS FOR PATIENTS

**Bring ALL Previous X-Rays when you attend.  
For Appointment and Preparation Advice Please Phone:  
9415 1555 Chatswood**

**Please arrive 15 minutes prior to appointment to allow for registration.**

### ULTRASOUND

- PREGNANCY OR PELVIS:** You must have a full bladder.
  1. **1½ HOURS BEFORE** the examination, empty your bladder, then drink **ONE LITRE** of water only. (No Tea or Coffee) Finish drinking 1 hour before the examination.
  2. **DO NOT** empty your bladder until after the examination.
- ABDOMEN:** Nothing to eat or drink for 6 hours before your appointment.
- KIDNEYS:** Drink 750 ml water 1 hour before the examination. **DO NOT** empty your bladder, until after the examination. You must have a full bladder.

### X-RAY PATIENTS

- BARIUM MEAL:**
    1. Nothing to eat or drink from midnight before the study.
    2. If the test is in the afternoon, fast for 6 hours before attending.
- IVP:** Special preparation required – contact our office.

### CT SCANS

- BRAIN/CHEST/NECK/ABDOMEN/PELVIS:** Fast for 2 hours before the study.
- VIRTUAL COLONOSCOPY:** Special preparation required – contact our office.
- CT ANGIOGRAPHY:** Fast for 2 hours before attending.

### NUCLEAR MEDICINE

**SPECIAL PREPARATION REQUIRED FOR ALL SCANS, PLEASE CONTACT OUR OFFICE.**

- GASTROINTESTINAL STUDIES AND HEPATO-BILIARY SCAN:**  
Fast for 4 hours minimum.

## ***OTHER SCANS MAY REQUIRE SPECIAL PREPARATION***

*Please enquire at the time of booking your appointment*

*Any cancellations must be made the day prior to the test or a fee maybe incurred.*