



# CHATSWOOD DIAGNOSTIC CENTRE

www.chatswooddiagnosticcentre.com.au  
2/16-18 Malvern Ave, Chatswood NSW 2067  
Ph: 9415 1555 Fax: 9413 2959  
Dr. L. Bank MBBS, FRANZCR



NAME: ..... DATE: .....

CLINICAL NOTES: .....  
.....  
.....  
.....

EXAMINATION(S): .....  
.....  
.....

SPECIAL REQUESTS .....

- X-RAY +/- not for comparison
- CT +/-PLAIN FILMS IF INDICATED
- CT ANGIOGRAPHY       VIRTUAL COLONOSCOPY
- CT CARDIAC FUNCTION
- CT PERFUSION
- FACET JOINT INJECTION
- CALCIUM SCORE
- COLOUR DUPLEX ULTRASOUND
- ULTRASOUND
- OBSTETRIC ULTRASOUND/EARLY
- PREGNANCY/NUCHAL TRANSLUCENCY
- MAMMOGRAPHY (according to items 59300 or 59303) +/- ULTRASOUND IF INDICATED
- MAMMOGRAPHY SCREENING (non claimable) +/- ULTRASOUND IF INDICATED
- BONE MINERAL DENSITY (medicare compliant)
- BONE MINERAL DENSITY (non claimable)
- 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 NAME ADDRESS & PHONE

Signature .....

- Phone Report                                       Fax Report
- Copy Report to, .....
- Email Report

**PLEASE BRING ANY PREVIOUS FILMS**

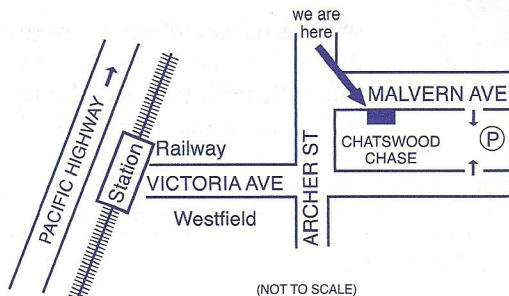
**More \*Referral Pads Please**   
**See over for MAP and Instructions**

# CHATSWOOD DIAGNOSTIC CENTRE

2/16-18 Malvern Avenue,  
Chatswood

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

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



## DIRECTIONS FOR PATIENTS

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

### 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)
  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.

### 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.*