



COMPREHENSIVE
MEDICAL IMAGING

DR. HIMANSHU KAUSHIK & ASSOCIATES

111 Marrickville Road, Marrickville NSW 2204

PHONE: 9568 6887 | FAX: 9568 4157

ABN: 34 086 299 845



Dear Dr Kaushik,

Please consult _____ DOB _____

Address _____

_____ Telephone _____ Gender _____

Clinical notes _____

Medicare Bulk Billing Private Worker's Compensation Insurance Third Party

• PLEASE BRING ANY RELEVANT X-RAYS AND SCANS

• PLEASE INFORM OUR STAFF IF THERE IS ANY CHANCE OF PREGNANCY

PROCEDURE REQUESTED

APPOINTMENT Date:

Time:

X-ray _____ Lateral Cephalometry OPG _____
(Item No. 57960 -57969)

Ultrasound (Including Doppler) _____

CT Scan (Low Dose) _____ CT Angiogram (Low Dose) _____

Imaging Guided Intervention / Drainage / Biopsy / Injection _____

3D Mammography (Item No. 59300) Breast Ultrasound

Stress ECG DEXA BMD (Item No. 12306 -12323)

Bone Scan MIBI Scan GORD Scan Thyroid Scan Renal Scan

Nuchal Translucency PLUS scan (Item No. 56707) _____

MSK Consultation, Investigation and Pain Management _____

Other _____

REFERRING DOCTOR'S STAMP/DETAILS

Signature _____

Provider Number _____

Date _____

Report: Urgent Phone Result Fax Email REQUEST MORE PADS

MEDICARE BULK BILLING AVAILABLE

YOU MAY CHOOSE ANY IMAGING PROVIDER



Comprehensive Medical Imaging

111 Marrickville Road, Marrickville | Phone 9568 6887

- X-ray
- Ultrasound
- Biopsy
- Nuchal Translucency Plus
- CT Scan
- Mammogram
- Bone Scan
- Renal Scan
- OPG
- Dexa Bone Mineral Density
- Thyroid Scan
- GORD Scan
- CT Angiography
- Pain-relief injections
- MIBI Scan
- 3D/4D Ultrasound



Mascot Medical Imaging

732 Botany Road, Mascot | Phone 9071 8778

- X-ray
- Ultrasound
- Biopsy
- CT Angiography
- Pain-relief injections
- CT Scan
- 3D & 4D Ultrasound
- OPG & Cone Beam CT
- DEXA Bone Mineral Density
- Nuchal Translucency Plus
- Tomosynthesis Mammography

Patient Privacy Declaration

CNM is bound by the Privacy Act 1988 (Cth) and other state and territory laws that regulate personal information and health information. Details on what information we collect, use, store and disclose and your rights to access and update that information is contained in our privacy policy. I hereby consent to the collecting, using storing and disclosing of my personal information and health information in accordance with the Privacy Policy.

Signature _____

Date _____