



CABRAMATTA NUCLEAR MEDICINE

DR. HIMANSHU KAUSHIK & ASSOCIATES

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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: _____

Ultrasound (Including Doppler) _____

Imaging Guided Intervention / Drainage / Biopsy / Injection _____

Mammography (Item No. 59300) Breast Ultrasound

Nuchal Translucency Plus (Item No.55707) DEXA BMD (Item No. 12306 -12323)

Bone Scan MIBI Scan GORD Scan Thyroid Scan Renal Scan VQ Scan

Stress ECG _____

MSK Consultation, Investigation and Pain Management _____

Other _____

REFERRING DOCTOR'S STAMP/DETAILS

Signature _____

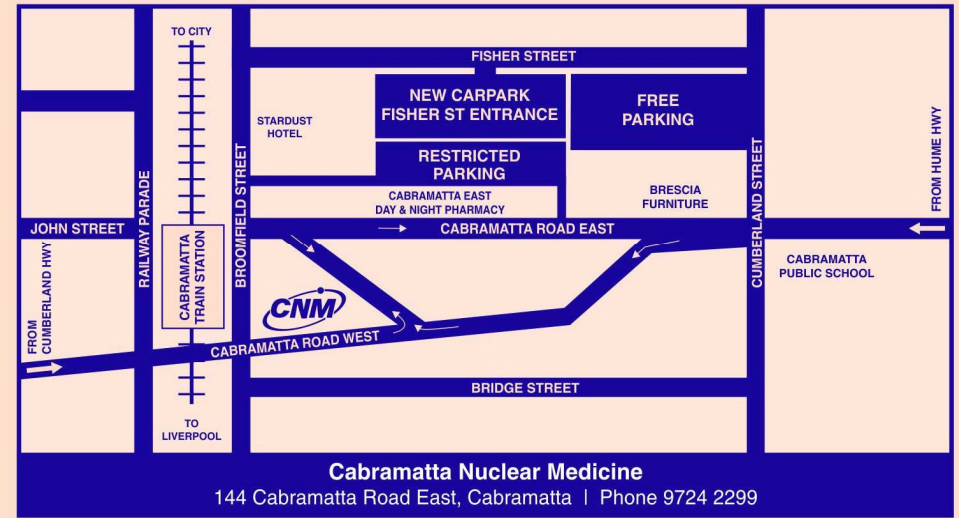
Provider Number _____

Date _____

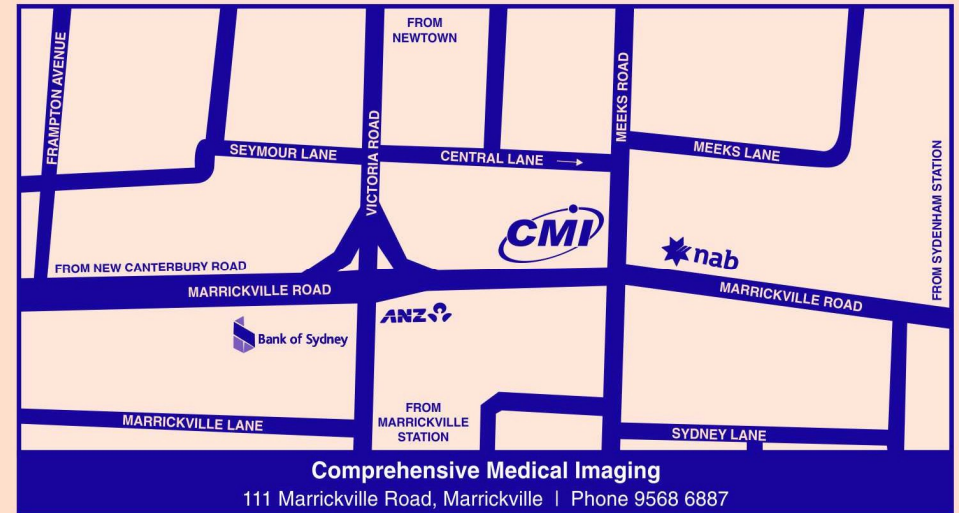
Report: Urgent Phone Result Fax Email MORE REQUEST PADS

MEDICARE BULK BILLING AVAILABLE

YOU MAY CHOOSE ANY IMAGING PROVIDER



- Ultrasound • Mammogram • Dexa Bone Mineral Density • Pain-relief injections
- Biopsy • Bone Scan • Thyroid Scan • MIBI Scan
- Nuchal Translucency Plus • Renal Scan • GORD Scan • 3D/4D Ultrasound



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

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 _____