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 Dr Patrick Mehr  
 Dr Jonathan Tow  
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## THE LEADER IN LOW DOSE IMAGING

**MONDAY TO FRIDAY 8:00am - 5:00pm**  
**SATURDAY 8:30am - 12:30pm**



### PATIENT DETAILS

Name: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Workers Compensation**      **Claim Number** \_\_\_\_\_

**Clinical Notes**                      **Allergies** \_\_\_\_\_                      **Creatinine Level** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### EXAM REQUIRED

**128 SLICE CT ULTRA LOW DOSE**

- CT \_\_\_\_\_
- CT Head                       CT Spine
- CT Middle Ear               CT Extremities
- CT Soft Tissue Neck       CT Angiogram
- CT Sinus                       CT Colonography
- CT Chest                       CT Interventional
- CT Abdo/Pelvis               CT Bone Density

**Creatinine Level** \_\_\_\_\_ **eGFR** \_\_\_\_\_

### ULTRASOUND

- \_\_\_\_\_
- Abdominal
- Pelvis
- Renal
- Obstetrics
- MSK
- Doppler

### MAMMOGRAPHY

- (Tomosynthesis)
- +/- Ultrasound

### X-RAY

- \_\_\_\_\_

### DEXA

### DENTAL

- OPG/Lat Ceph

## NUCLEAR MEDICINE & 3T MRI AT NEPEAN RADIOLOGY

**3T MRI** \_\_\_\_\_  MRI MSK                       MRI Spine

### NUCLEAR MEDICINE +/- SPECT/CT & DEXA

- Bone Scan
- Myocardial Perfusion Scan                       Thyroid Scan
- V/Q Scan     Other \_\_\_\_\_

**REPORT**     Routine     Urgent     Phone     Fax     More Request Pads

### Referrer Details

Name: \_\_\_\_\_  
 Provider No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bulk Billing**  
 MRI FEE MAY APPLY