



QUANTUM RADIOLOGY SPRINGWOOD

Appointments
T: 02 4702 3661

PATIENT DETAILS

Name: _____

Address: _____

DOB: ___ / ___ / ___ Phone: _____

Workers Compensation **Claim Number** _____

EXAM REQUIRED

MULTI SLICE CT

CT _____

CT Angiogram

ULTRASOUND

Doppler - Venous/Arterial

MSK

Obstetrics

INTERVENTIONAL AND PAIN MANAGEMENT

Image Guided Injections

CT Guided Spine Injections

Fine Needle Aspirate (FNA)/Core Biopsy

X-RAY

DENTAL

OPG/Lat Ceph

SERVICES AT BLAXLAND T: 02 4702 3655

X-RAY _____

DEXA

OPG/Lat Ceph

SERVICES AT NEPEAN RADIOLOGY T: 02 4722 4700

NUCLEAR MEDICINE +/- SPECT/CT

MAMMOGRAPHY (Tomosynthesis) +/- Ultrasound

3T MRI (Wide Bore)

CT Conebeam

Clinical Notes

Allergies

Creatinine Level _____

eGFR _____

Films More Request Pads Urgent

Bulk Billing

For Medicare Eligible Items

REFERRER DETAILS

Name: _____	Specialty: _____
Address: _____ _____	
Phone: _____	Fax: _____
Signature: _____	Provider No: _____
	Date: _____

EXPERIENCE INNOVATION

