GOKUL Diagnostic & Scan Centre

गोकुळ डाएगनोस्टीक आणि स्कॅन सेंटर

1, BPS Ananda, Off. P.K. Road, Behind Akesha Furnishing Showroom, Mulund (W), Mumbai - 80.

For USG, X-Ray, Mammography, OPG, Color Doppler
25642743 / 91677 22172

For CT Scan, MRI
25675959 / 25675969 / 98218 85959

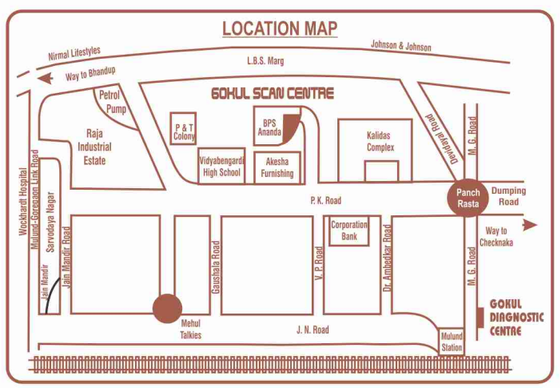
Patient Name : . . . . . Date : . . . . .

Ref. Dr's. Name / Hospital : . . . . . Appointment At : . . . . .

CLINICAL NOTES

HO / ASTHMA / ALLERGIES Please inform **IF PREGNANT** Please inform

- ☐ MRI
- ☐ Color Doppler
- ☐ TM joint
- ☐ Multislice CT
- ☐ X-Ray
- ☐ Biopsy
- ☐ Sonography
- ☐ Mammography
- ☐ Drainage
- ☐ Genetic Clinic
- ☐ OPG / Cephalogram
- ☐ Portable X-Ray



Patient Instructions :

1) Bring all previous medical records, scans & X-Rays at the time of Scan Procedure.
2) 3 Hours empty stomach required for some CT Scan studies only.
3) For MRI : Please inform the Dr. for any metallic objects such as Cardiac pacemaker, Cardiac Valve prosthesis, Cervical aneurysms / Bypass clips, Artificial limbs, Any metallic / electric implants, Any bullet / metal fragments in the body.

PTO for Detail Investigations

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X-RAY

SONOGRAPHY / PROCEDURES COLOR DOPPLER

OBSTETRIC SONOGRAPHY FOR

- ☐ ROUTINE OBSTETRIC USG
- ☐ COLOR DOPPLER
- ☐ NT SCAN
- ☐ FETAL ECHOCARDIOGRAPHY
- ☐ TARGETTED ANOMALY SCAN
- ☐ EARLY PREGNANCY
- ☐ _____

CTSCAN

- ☐ BRAIN • PLAIN / CONTRAST
- ☐ CT BRAIN WITH MRI DIFFUSION
- ☐ ORBITS
- ☐ HRCT TEMPORAL BONES & PNS
- ☐ NECK / CONTRAST
- ☐ CHEST PLAIN / CONTRAST
- ☐ KUB / UROGRAPHY
- ☐ ABDOMEN & PELVIS PLAIN & CONTRAST
- ☐ CHEST ABD & PELVIS CONTRAST
- ☐ PARANASAL SINUSES
- ☐ JOINTS
- ☐ SPINE
- ☐ OTHER _____
- ☐ CT ANGIOGRAPHY OF
  - ○ PULMONARY
  - ○ BRAIN & NECK
  - ○ PERIPHERAL
  - ○ AORTOGRAM

CT GUIDED PROCEDURES

- ☐ CT BIOPSY
- ☐ ASPIRATION
- ☐ FNAC
- ☐ OTHER _____

MRI

- ☐ BRAIN PLAIN / CONTRAST
- ☐ DIFFUSION OF BRAIN
- ☐ DYNAMIC PITUITARY
- ☐ MRI BRAIN & ANGIOGRAPHY
- ☐ MRI BRAIN & VENOGRAPHY
- ☐ BRAIN VERTIGO / EPILEPSY
- ☐ ORBIT
- ☐ NECK
- ☐ TM JOINTS
- ☐ SPINE
  - ○ CERVICAL
  - ○ LUMBAR
  - ○ DORSAL
  - ○ DORSOLUMBAR
  - ○ WHOLE SPINE SCREENING
  - ○ SI Joint
- ☐ MRCP
- ☐ ABDOMEN
- ☐ PELVIS
- ☐ PROSTATE
- ☐ PERIANAL REGION
- ☐ JOINTS
  - ○ KNEE RT / LT / BOTH
  - ○ WRIST
  - ○ SHOULDER
  - ○ ELBOW
  - ○ ANKLE / FOOT
  - ○ HIP JOINT
- ☐ OTHERS _____

Referring Doctor's Stamp & Reg. No. _____