Magnetic Resonance Imaging GP Request

CLARENCE VALLEY Imaging

GRAFTON
137 Fitzroy Street
Grafton NSW 2460

Tel: 02 6604 2400
Fax: 02 6643 2306
graftoncvi@ncrad.com

PATIENT

Name

DOB

REQUEST **PATIENT 16 YEARS OR OLDER**

Head - item 63551

Scan of **head** for a patient 16 years or older for any of the following:

- ☐ unexplained seizure(s)
- ☐ unexplained chronic headache with suspected intracranial pathology

Cervical Spine - item 63554

Scan of **cervical spine** for patient 16 years or older for suspected:

- ☐ cervical radiculopathy

Knee - item 63560

Scan of **knee** following acute knee trauma for a patient 16 years or older with:

- ☐ inability to extend the knee suggesting the possibility of acute meniscal tear; or
- ☐ clinical findings suggesting acute anterior cruciate ligament tear

Cervical Spine - item 63557

Scan of **cervical spine** for a patient 16 years or older for suspected:

- ☐ cervical spine trauma

REQUEST **PATIENT UNDER 16 YEARS**

Head - item 63507

Scan of **head** for a patient under 16 years for any of the following:

- ☐ unexplained seizure(s)
- ☐ unexplained chronic headache with suspected intracranial pathology
- ☐ paranasal sinus pathology which has not responded to conservative therapy

Spine - item 63510

- ☐ Scan of **spine** for a patient under 16 years for unexplained neck or back pain including for significant trauma, unexplained neck or back pain where significant pathology is suspected or there are associated neurological signs

Knee - item 63513

- ☐ Scan of **knee** for a patient under 16 years for internal joint derangement (following radiographic examination)

Hip - item 63516

- ☐ Scan of **hip** for a patient under 16 years for certain indications for suspected septic arthritis, slipped capital femoral epiphysis or Perthes disease (following radiographic examination)

Elbow - item 63519

- ☐ Scan of **elbow** for a patient under 16 years where a significant fracture or avulsion injury is suspected that will change management (following radiographic examination)

Wrist - item 63522

- ☐ Scan of **wrist** for a patient under 16 years where scaphoid fracture is suspected (following radiographic examination)

☐ **OTHER (NON-REBATEABLE) SPECIFY BELOW**

Includes all other indications. No Medicare Benefit applicable. Our normal fee applies.

Your doctor has recommended you use Clarence Valley Imaging for quality imaging. You may choose another provider but please discuss this with your doctor first.

CLINICAL HISTORY

If renal impairment, recent eGFR =
Please bring any previous MRI films & this request form to your appointment

ALSO PROVIDE COPY OF REPORT TO

Name

Address/Location

DOCTOR

Sign

Provider No.

Date

Do you want Films? Yes ☐

Preparation

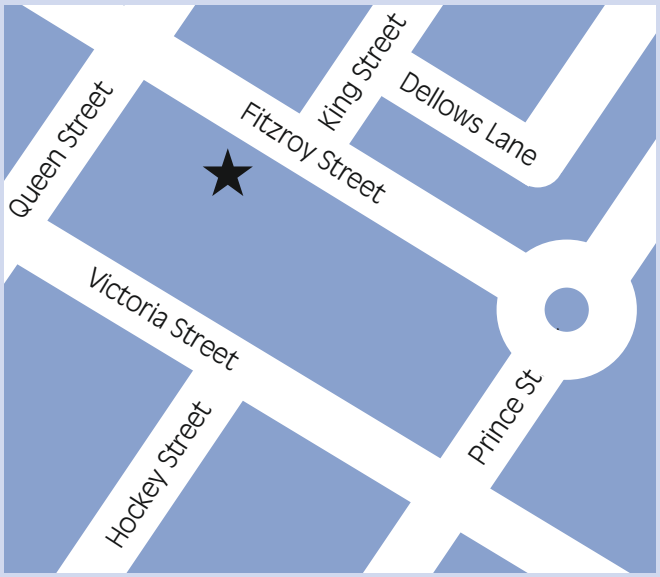
IMPORTANT

Unless stated otherwise, please continue to take your usual medications on the day of the procedure. **For children and diabetics** please discuss preparation with radiology reception.

MRI

Please contact reception if you have any of the following:

Absolute contraindications	Cardiac pacemakers.
Relative contraindications	Intracranial aneurysm clips, intraocular foreign bodies, metallic implants (including cochlear) & extreme claustrophobia.

GRAFTON

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