

# Magnetic Resonance Imaging GP Request

## 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 North Coast Radiology 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

**CHECKLIST:** Patient Name       DOB       Sex       Pregnant Y/N  
Examination       Anatomical Side (if applicable)       Initial.....

## LOCATIONS

**BALLINA**

**LISMORE**

(Branch details overleaf).

## RADIOLOGISTS

Dr Ian Cappe

Dr Tim Campbell

Dr Craig Dyer

Dr Lincoln Gillam

Dr Andrew Hooper

Dr Warren Lun

Dr David Robertson

Dr Rohit Singh

Dr Joanne Sommerfeld

Dr Minh Truong

Dr Willie Tsung

# 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.

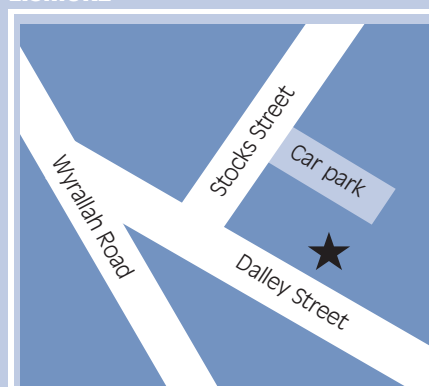
## MRI

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.

### LISMORE



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### BALLINA



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