

MRI GP Request

Serving our local community since 1974

NORTH COAST
Radiology

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BALLINA

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Fax. 02 6686 4693

ballina@ncrad.com

LISMORE

St Vincents Hospital

[20 Dalley Street](#)

Fax. 02 6625 4693

stvincents@ncrad.com

CLARENCE VALLEY
Imaging

6604 2400

GRAFTON

[137 Fitzroy Street](#)

Fax. 02 6643 2306

graffton@ncrad.com

PATIENT

Name

Phone

Date of birth

Gender F M Medicare No.

Address

Email address

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 patients **between 16 & 49** with: inability to extend the knee suggesting the possibility of acute meniscal tear;

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

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)

[Multiparametric Prostate form](#)

[MRI Liver form](#)

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

OTHER (NON-REBATEABLE) SPECIFY BELOW

CLINICAL HISTORY

If renal impairment, recent Creatinine/eGFR=

MRI CHECKLIST

Yes No Details *Please complete to assist with booking*

Pacemaker / Heart Valves

Aneurysm Clips

Cochlear / Ear Implants

Metallic foreign body to eye

Other metallic/electronic devices

Are you pregnant?

DOCTOR

Name

Provider
Number

Address

Phone

Date

Email:

NCR & CVI are committed to sustainability. All images are available digitally only unless requested

Copy to

Please call patient to arrange appointment

PATIENT NOTES

Appointment Date

Time:

Preparation

Please bring this form, Medicare and health care cards to your appointment along with any previous relevant films.

You may choose another provider but please discuss this with your doctor

INTERNAL USE ONLY

Patient ID

Accession #

www.ncrg.com.au

[MRI Information](#)

[Results \(InteleConnect\)](#)