

# GP MRI CRITERIA

Dr Tinku Kooner • Dr Mansoor Parker • Dr Pon Ketheswaran • Dr Kenneth Cooke  
Dr David Chadban • Dr Bit Wong • Dr Sylvia Johnson • Dr Prasad Kundum  
Dr Sandeep Tiwari • Dr Georges Hazan • Dr Cathy Nicholas • Dr Tom Sling • Dr Frankie Wong  
Dr Farhana Younis • Dr Kuan-Ching Ho • Dr Heba Abdelrahman • Dr Muirli Iyer  
Dr Darrel Sargent • Dr Jonathan Tow • Dr Raguparan Yegaratnam • Dr Hans Van der Wall

# medical imaging

## BANKSTOWN

Appointments  
T: 02 8760 9100

### PATIENT DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_

**Workers Compensation**      **Claim Number** \_\_\_\_\_

### MRI BULK BILLED examinations when referred by a General Practitioner

#### For patients 16 years or **OLDER** (Please indicate the relevant clinical history)

##### MRI Brain - Item No. 63551

- Unexplained seizure(s) or
- Unexplained chronic headaches with suspected intracranial pathology.

##### MRI Cervical Spine - Item No. 63554

- Cervical radiculopathy. Symptoms: neck pain, numbness, weakness, tingling in fingers or hands, herniated disc, nerve damage, nerve impingement, bony spurs, headaches.

##### MRI Cervical Spine - Item No. 63557

- Cervical spine trauma.
- Any kind of neck injury.

##### MRI Knee - Item No. 63560

- Scan of the knee following acute knee trauma for a patient aged 16 - 49 years with: inability to extend the knee suggesting the possibility of acute meniscal tear; or clinical findings suggesting acute anterior cruciate ligament tear. (patients 50 years of age do not qualify)

#### For patients **UNDER** 16 years (Please indicate the relevant clinical history)

##### MRI Head, MRI Sinus - Item No 63507

- Unexplained seizure(s) or
- Unexplained headache where significant pathology is suspected; or
- Paranasal Sinus pathology which has not responded to conservative treatment.

##### MRI Spine - Item No 63510

- Following radiographic examination of any of the following assessment of significant trauma.
  - Unexplained neck or back pain with significant neurological signs.
  - Unexplained back pain with significant pathology suspected.

##### MRI Elbow - Item No 63519

- Following radiographic examination where a significant fracture or avulsion injury is suspected that will change management.

##### MRI Wrist - Item No 63522

- Following radiographic examination where scaphoid fracture is suspected.

##### MRI Hip - Item No 63516

- Following radiographic examination for any of the following:
  - Investigation of suspected septic arthritis.
  - Investigation of slipped capital femoral epiphysis.
  - Suspected Perthes Disease.

##### MRI Knee - Item No 63513

- Examination for internal joint derangement.

NOTE: MRI Liver now bulk billable if referred by a Specialist.

#### MRI Other Region (No Medicare Rebate) \_\_\_\_\_

CT    Interventional    Xray    Ultrasound    Nuclear Medicine    DEXA    Mammography

Examination Requested:

Clinical Information:

**Films**       **More Request Pads**       **Urgent**

**Bulk Billing**  
For Medicare Eligible Items

### REFERRER DETAILS

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Provider No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EXPERIENCE INNOVATION

# MRI PATIENT SAFETY QUESTIONNAIRE

## Please answer all of the following questions

If 'Yes' is answered to any questions, please inform staff when making your appointment.

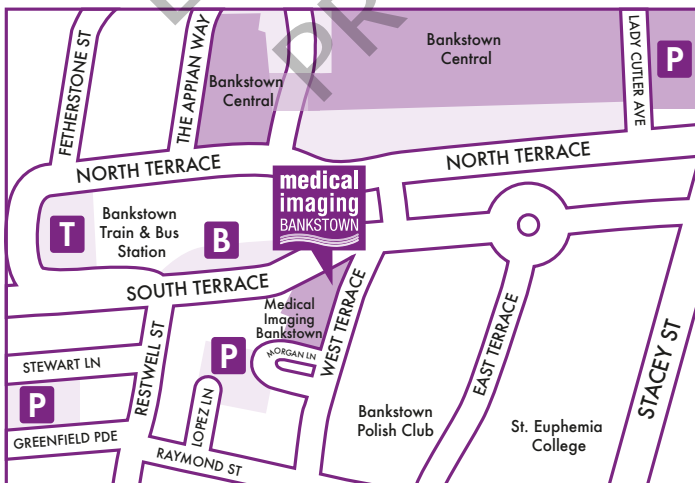
- |  |  |  |  |
|--|--|--|--|
| Aneurysm clip(s)                           | <input type="checkbox"/> YES <input type="checkbox"/> NO | Medication patch (Nicotine, Nitroglycerine)          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Cardiac pacemaker                          | <input type="checkbox"/> YES <input type="checkbox"/> NO | Any metallic fragment or foreign body                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Implanted cardioverter defibrillator (ICD) | <input type="checkbox"/> YES <input type="checkbox"/> NO | Wire mesh implant (ie: hernia repair)                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Electronic implant or device               | <input type="checkbox"/> YES <input type="checkbox"/> NO | Tissue expander (e.g., breast)                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Magnetically-activated implant or device   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Surgical staples, clips, or metallic sutures         | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Neurostimulation system                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | Joint replacement (hip, knee, etc.)                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Spinal cord stimulator                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | Bone/joint pin, screw, nail, wire, plate, etc.       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Internal electrodes or wires               | <input type="checkbox"/> YES <input type="checkbox"/> NO | Dentures or partial plates                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Bone growth/bone fusion stimulator         | <input type="checkbox"/> YES <input type="checkbox"/> NO | Tattoo or permanent makeup                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Cochlear, otologic, or other ear implant   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Body piercing jewellery that cannot be removed       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Insulin or other infusion pump             | <input type="checkbox"/> YES <input type="checkbox"/> NO | Hearing aid  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Implanted drug infusion device             | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, please remove before entering MR system room |  |
| Any type of prosthesis (eye, penile, etc.) | <input type="checkbox"/> YES <input type="checkbox"/> NO | Undergone a pill cam procedure                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Heart valve prosthesis                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | Breathing problem or motion disorder                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Eyelid spring or wire                      | <input type="checkbox"/> YES <input type="checkbox"/> NO | Other implant  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Artificial or prosthetic limb              | <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, please list                                  |  |
| Metallic stent, filter, or coil            | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____  |  |
| Shunt (spinal or intraventricular)         | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____  |  |
| Vascular access port and/or catheter       | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____  |  |
| Radiation seeds or implants                | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____  |  |

Please list your previous surgery \_\_\_\_\_

What are your symptoms? \_\_\_\_\_

Your doctor has recommended that you use Medical Imaging Bankstown. You may choose another provider but please discuss this with your doctor first.

**BLAXLAND** **BANKSTOWN** **CHESTER HILL** **ERINA** **LEICHHARDT** **MT DRUITT** **PENRITH** **SPRINGWOOD** **ST MARYS**  
 T: 4702 3655 T: 8760 9100 T: 8713 1855 T: 4363 9300 T: 9569 7223 T: 9854 0100 T: 4722 4700 T: 4702 3661 T: 9623 2550



258 South Terrace, Bankstown NSW 2200

Phone: 02 8760 9100

Fax: 02 8760 9101

www.imagingbankstown.com.au

### OFFICE HOURS

Monday to Friday 8.00am - 5.00pm

Saturday 8:30am - 12:30pm