GP MRI CRITERIA

REFERRAL REQUEST

Dr Tinku Kooner • Dr Mansoor Parker • Dr Pon Ketheswaran • Dr Kenneth Cooke • Dr David Chadban
Dr Bit Wong • Dr Prasad Kundum • Dr Sandeep Tiwari • Dr Georges Hazan • Dr Cathy Nicholas
Dr Tom Sing • Dr Frankie Wong • Dr Farhana Younis • Dr Kuan-Ching Ho • Dr Heba Abdelrahman
Dr Saima Khokhar • Dr Katherine Wong • Dr Ahmed Bassiouny • Dr Dhivya Balasubramaniam
Dr Jonathan Tow • Dr Ragu Yogaratnam • Dr Hans Van Der Wall

PATIENT DETAILS

Name: ______________________________

Address: ______________________________

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D.O.B: ____/____/____ Phone: ______________________________

○ **Workers Compensation** **Claim Number** ______________________________

MRI BULK BILLED examinations when referred by a General Practitioner

For patients 16 years or <u>OLDER</u> *(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 <u>UNDER</u> 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:

○ **Filmless** ○ **More Request Pads** ○ **Urgent**

Bulk Billing
For Medicare Eligible Items

REFERRER DETAILS

Name: Specialty:

Address:

Phone: Fax: Provider No:

Signature: Date:

EXPERIENCE INNOVATION

NEP020-05/23

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) ☐ YES ☐ NO
- Cardiac pacemaker ☐ YES ☐ NO
- Implanted cardioverter defibrillator (ICD) ☐ YES ☐ NO
- Electronic implant or device ☐ YES ☐ NO
- Magnetically-activated implant or device ☐ YES ☐ NO
- Neurostimulation system ☐ YES ☐ NO
- Spinal cord stimulator ☐ YES ☐ NO
- Internal electrodes or wires ☐ YES ☐ NO
- Bone growth/bone fusion stimulator ☐ YES ☐ NO
- Cochlear, otologic, or other ear implant ☐ YES ☐ NO
- Insulin or other infusion pump ☐ YES ☐ NO
- Implanted drug infusion device ☐ YES ☐ NO
- Any type of prosthesis (eye, penile, etc.) ☐ YES ☐ NO
- Heart valve prosthesis ☐ YES ☐ NO
- Eyelid spring or wire ☐ YES ☐ NO
- Artificial or prosthetic limb ☐ YES ☐ NO
- Metallic stent, filter, or coil ☐ YES ☐ NO
- Shunt (spinal or intraventricular) ☐ YES ☐ NO
- Vascular access port and/or catheter ☐ YES ☐ NO
- Radiation seeds or implants ☐ YES ☐ NO
- Medication patch (Nicotine, Nitroglycerine) ☐ YES ☐ NO
- Any metallic fragment or foreign body ☐ YES ☐ NO
- Wire mesh implant (ie: hernia repair) ☐ YES ☐ NO
- Tissue expander (e.g., breast) ☐ YES ☐ NO
- Surgical staples, clips, or metallic sutures ☐ YES ☐ NO
- Joint replacement (hip, knee, etc.) ☐ YES ☐ NO
- Bone/joint pin, screw, nail, wire, plate, etc. ☐ YES ☐ NO
- Dentures or partial plates ☐ YES ☐ NO
- Tattoo or permanent makeup ☐ YES ☐ NO
- Body piercing jewellery that cannot be removed ☐ YES ☐ NO
- Hearing aid ☐ YES ☐ NO

If YES, please remove before entering MR system room

- Undergone a pill cam procedure ☐ YES ☐ NO
- Breathing problem or motion disorder ☐ YES ☐ NO
- Other implant ☐ YES ☐ NO

If YES, please list

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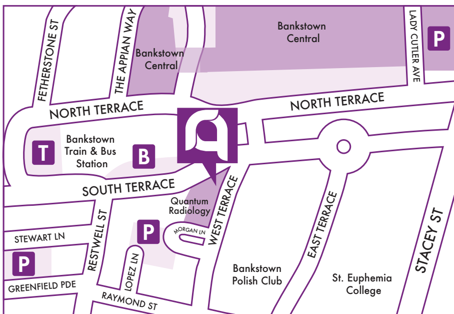
Please list your previous surgery ____

What are your symptoms? ____

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



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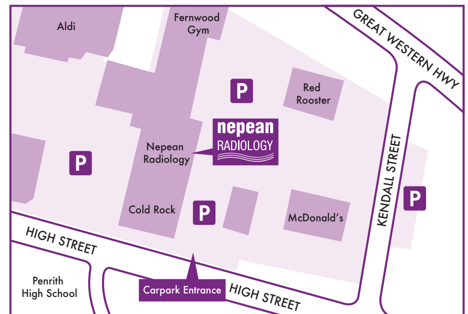
OFFICE HOURS

Monday to Friday 8.00am - 5.00pm

Saturday 8:30am - 12:30pm



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