

RADIOLOGY

Telephone: 9076 0357

Fax: 9076 0399



Date:

Time:
of Appointment

Patient Details

MRN:

Name:

Date of Birth:

Sex:

Address:

File No.:

Mobile / Best Contact Number:

Medicare No.:

Pension card No:

Examination Requested

Clinical Details

†Diabetic ? Yes No †On metformin ? Yes No †Pregnant ? Yes No †Allergies ?

Referring Doctor Details

Name:

Address:

Telephone:

†Fax:

Provider No.:

Signature:

Reports

- Telephone
- Fax
- Email
- Mail
- Images on CD
- Copy of report to (& Fax # please):
.....
.....

Date:

Billing Details

- Bulk Bill
- Veterans Affairs
- Private
- Workcover
- TAC
- Pensioner
- Health care card holder

Cycle Information

Please indicate if patient is menstruating. MRI is best performed between day 6-16.

- Yes date of onset of LMP
- No, patient is not menstruating

MRI Screening Checklist (*Required*)

Please indicate whether the following applies to your patient:

- MRI within the last 12 months Yes No
- Cardiac pacemaker Yes No
- Brain aneurysm clip Yes No
- Cochlear Implant Yes No
- History of welding, grinding, sheet metal work Yes No
- Eye injury caused by metal Yes No
- Graseby pump Yes No
- Neurostimulator Yes No
- Any metal implant Yes No

Please describe (include make & model if known):

Contrast Risk Factors:

- Over 60 Years of age Yes No
- History of hypertension Yes No
- History of diabetes Yes No
- History of renal disease Yes No

Medicare Eligibility Criteria

This must be completed or your patient may be charged

STANDARD STUDY Item 63464

- Must be less than 50 Yrs of age
AND EITHER
- Three or more first or second degree relatives on same side of family diagnosed with breast or ovarian cancer
OR
- Two or more first or second degree relatives on same side of family diagnosed with breast or ovarian cancer, including any of the following:
 - Bilateral breast cancer
 - Onset of breast cancer before age 40 years
 - Onset of ovarian cancer before age 50 years
 - Breast and ovarian cancer in one relative
 - Ashkenazi Jewish ancestry
 - Breast cancer in a male relative
- OR
- One first degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at 45 years or younger
- High risk breast cancer gene mutation on genetic testing:
 - BRCA1
 - BRCA2
 - Other

FOLLOW-UP STUDY Item 63467

- Follow-up study (abnormality detected on previous breast MRI within last 12 months)