



GENERAL PRACTITIONER MRI REQUEST

APPOINTMENT:	Location	Day	Time	Date
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PATIENT:	Date of Birth:	Patient Category
	Sex:	<input type="checkbox"/> TAC
	Phone:	<input type="checkbox"/> WorkCover
	Medicare No:	<input type="checkbox"/> Veterans Affairs <input type="checkbox"/> O/S Visitor

MRI Examination Requested / Clinical Notes:

GP MRI Rebateable Items (please tick):

Paediatric Patients (< 16 years)	Adults (≥ 16 years)
<p>MRI Brain (63507)</p> <p><input type="checkbox"/> Unexplained seizure</p> <p><input type="checkbox"/> Unexplained headache with suspected intracranial pathology</p> <p><input type="checkbox"/> Paranasal sinus pathology which has not responded to conservative therapy</p> <p>MRI Knee (63513)</p> <p><input type="checkbox"/> Internal joint derangement</p>	<p>MRI Brain (63551)</p> <p><input type="checkbox"/> Unexplained Seizure</p> <p><input type="checkbox"/> Unexplained chronic headache with suspected intracranial pathology</p> <p>MRI Cervical Spine</p> <p><input type="checkbox"/> Cervical radiculopathy (63554)</p> <p><input type="checkbox"/> Cervical trauma (63557)</p>
Paediatric Patients (< 16 years) following X-ray examination	Adults (≥ 16 years and Under 50 years)
<p>MRI Spine (63510)</p> <p><input type="checkbox"/> Significant trauma</p> <p><input type="checkbox"/> Unexplained neck or back pain with associated neurological signs</p> <p><input type="checkbox"/> Unexplained back pain where significant pathology is suspected</p> <p>MRI Hip (63516)</p> <p><input type="checkbox"/> Suspected septic arthritis or Perthes disease</p> <p><input type="checkbox"/> Suspected slipped capital femoral epiphysis</p> <p>MRI Elbow (63519)</p> <p><input type="checkbox"/> Suspected significant fracture or avulsion injury that will change management</p> <p>MRI Wrist (63522)</p> <p><input type="checkbox"/> Suspected scaphoid fracture</p>	<p>MRI Knee (63560)</p> <p><input type="checkbox"/> Inability to extend the knee suggesting acute meniscal tear</p> <p><input type="checkbox"/> Clinical findings suggesting acute anterior cruciate ligament tear</p>
Non-Medicare Eligible Study	
<input type="checkbox"/> NOTE: A non-rebateable fee will apply	

This section must be completed by the referring doctor for a booking to be made.

MRI Safety Screening

Has the patient ever had any of the following:

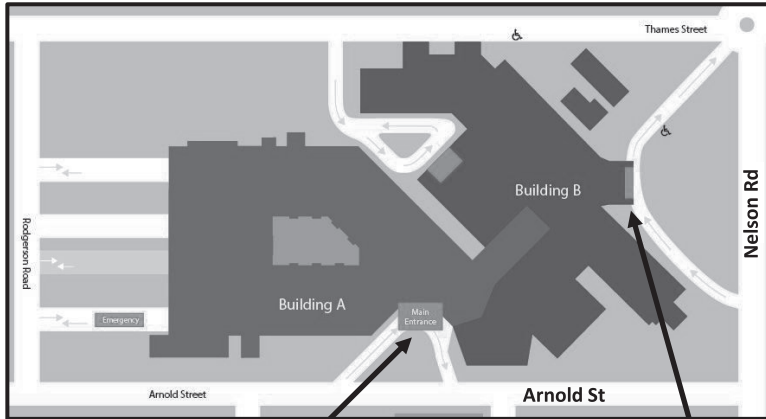
- | | | | |
|--|--|--|--|
| 1. Pacemaker / Defibrillator | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Metallic injury to the eye | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Other electronic device | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Is there any possibility of pregnancy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Intracranial Aneurysm Clip | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes to any of the above please specify: | |
| 4. Cochlear or inner-ear implant | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | |
| 5. Intravascular stent / filter / coil | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recent renal function: | |
| 6. Other metallic implant | <input type="checkbox"/> Yes <input type="checkbox"/> No | eGFR result: | Date: |

Referring Doctor Details

Name:	Contact No:
Address:	Copies to:
Provider Number:	
Doctor's Signature: _____	
Date: ____ / ____ / ____	

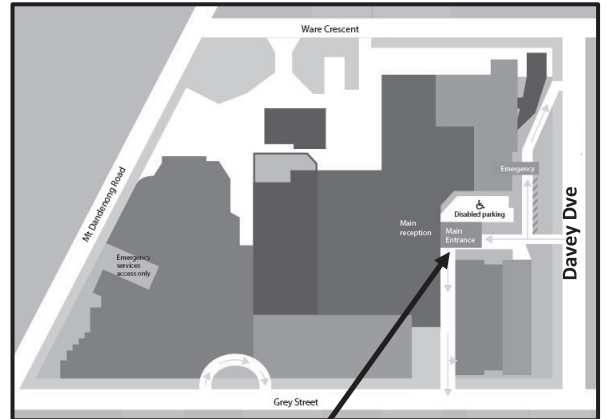
Eastern Health MRI Services

Box Hill Hospital



Main Entrance (Arnold St) or Building B Entrance (Nelson Rd)
 Medical Imaging Department
 Ground Floor, Building B
 Cnr Arnold St & Nelson Rd
 Box Hill Vic 3121

Maroondah Hospital



Main Entrance (Davey Dve)
 Medical Imaging Department
 Ground Floor via Main Entrance
 Davey Drive
 Ringwood East Vic 3135

Limited Disabled parking is available in the hospital precinct and surrounding streets.
 Restricted 2 hour parking is available in the surrounding streets.
 Off-street parking is available for which a fee is charged.

Eastern Health Medical Imaging Locations:

Your doctor recommends that you attend Eastern Health Medical Imaging. You may choose to use another provider but please discuss this with your doctor first.

	General Xray	Ultrasound / Doppler	CT	Nuclear Medicine	Fluoroscopy	Interventional	MRI (Use MRI Request Forms)*	Angiography	Mammography	DEXA (Densitometry)*	Emergency 24/7
Angliss Hospital Level 1, Albert St Upper Ferntree Gully	●	●	●	●	●	●					●
Box Hill Hospital Building B, Ground Floor Nelson Rd, Box Hill	●	●	●	●	●	●	●	●			●
Maroondah Hospital Ground Floor Davey Dve, East Ringwood	●	●	●	●	●	●	●		●	●	●
Healesville Hospital 377 Maroondah Highway Healesville	●										

* Some MRI and DEXA examinations are not covered by Medicare.

A non-rebateable fee may apply to be paid on the day of the appointment.

You will be advised at the time of booking.

All other imaging studies and procedures are Medicare bulk-billed.

Enquiries: 1300 668 578

Monday – Friday 8.30 am – 5.00pm

Eastern Health MRI GP A4 Referral Sheets

Re-Order Form

FAX TO: (03) 8843 7988

OR

TELEPHONE: (03) 8843 6000

OR

EMAIL: info@imagingassociates.net.au

Please send me _____ new Eastern Health MRI GP A4 Referral Packs.

Drs Name: _____

Provider No. _____

Address: _____