

BREAST MRI REQUEST

APPOINTMENT: Location Day Time Date

PATIENT: Date of Birth: Patient Category
Sex: ☐ TAC
Phone: ☐ WorkCover
Medicare No: ☐ Veterans Affairs
☐ O/S Visitor

MRI BREAST EXAMINATION REQUESTED / CLINICAL NOTES:

Note: Medicare benefits payable on one occasion only in any 12 month period unless variance detailed below

1. ☐ For the detection of cancer in an asymptomatic patient (≤ 60 years) (63464)

AND EITHER:

- ☐ High risk breast cancer gene mutation on genetic testing (e.g. BRCA 1 or BRCA 2) in the patient or a first degree relative;

OR

- ☐ A first or second degree relative diagnosed with breast cancer at the age of 45 years or younger and another first or second degree relative on the same side of the family diagnosed with bone or soft tissue sarcoma at the age of 45 years or younger

OR

- ☐ A personal history of breast cancer before the age of 50 years old

OR

- ☐ A personal history of mantle radiation therapy

OR

- ☐ A lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm

2. ☐ Follow up of an abnormality detected on a 63464 service performed within the last 12 months (63467)

3. ☐ Suspected occult breast cancer (63487)

The patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and clinical examination and conventional imaging have failed to identify the primary cancer

4. ☐ Anaplastic large cell lymphoma has been diagnosed and the patient has a breast implant in-situ (63547)

NOTE: Benefits are payable once only in a patient's lifetime

5. ☐ Biopsy has not been possible (63531)

The patient has a breast lesion and the results of conventional imaging examinations are inconclusive

6. ☐ The results of breast MRI may alter treatment planning (63533).

The patient has been diagnosed with breast cancer and discrepancy exists between clinical assessment and conventional imaging

7. ☐ Non-Medicare eligible study. NOTE: A non-rebatable 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 |
| 2. Other electronic device | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Intracranial Aneurysm Clip | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 |
| 6. Other metallic implant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. Metallic injury to the eye ☐ Yes ☐ No

8. Is there any possibility of pregnancy ☐ Yes ☐ No

If Yes to any of the above please specify:

Recent renal function:

eGFR result:

Date:

REFERRING DOCTOR DETAILS:

Name:

Address:

Provider Number:

Doctor's Signature: _____

Date: ____/____/____

Unit/Consultant:

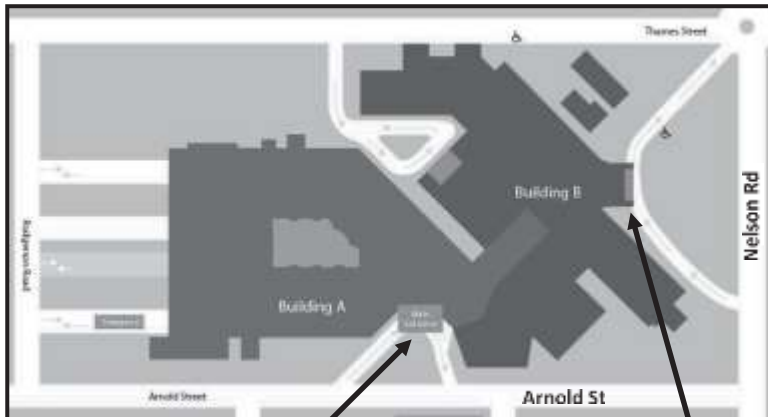
(for EH Outpatients only)

Contact/Pager No:

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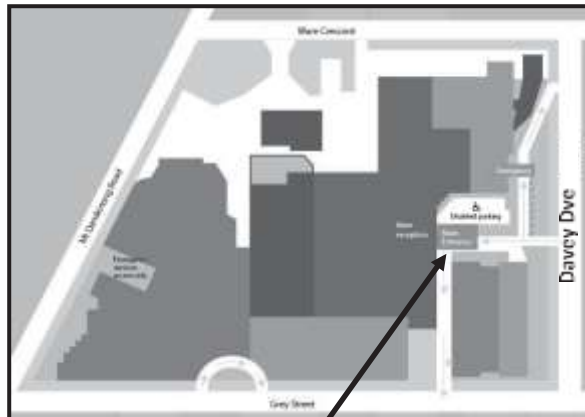
Eastern Health MRI Services

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