



## GP MRI REQUEST

### PATIENT DETAILS

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

### MEDICARE REBATABLE ADULT MRI

#### Brain

Unexplained seizure(s) ☐

Unexplained chronic headache ? pathology ☐

#### Spine

Cervical radiculopathy ☐

Cervical spine trauma ☐

#### Knee—acute injury - < 50 years only

Inability to extend knee suggesting meniscal tear ☐

#### OR

Clinical findings suggesting ACL tear ☐

### MEDICARE REBATABLE PAEDIATRIC MRI (UNDER 16 YEARS)

#### Brain

Unexplained seizures ☐

Unexplained headache ? pathology ☐

Paranasal sinus pathology ☐

#### Knee

Internal joint derangement ☐

#### The following exams are only covered by medicare rebate following x-ray:

X-ray performed at \_\_\_\_\_ on \_\_\_\_\_ ☐

X-ray to be performed prior to MRI ☐

#### Spine—region \_\_\_\_\_

Trauma ☐

Pain with neurological signs ☐

Unexplained pain ? pathology ☐

#### Hip

Suspected septic arthritis ☐

Suspected slipped epiphysis ☐

Suspected Perthes disease ☐

#### Elbow

Fracture/avulsion injury that will change management ☐

#### Wrist

? Scaphoid fracture ☐

### NON MEDICARE MRI

Non Medicare exam ☐

Region \_\_\_\_\_

### CLINICAL NOTES

### ANSWERS ARE MANDATORY FOR MRI

| Does the patient have:      | YES                      | NO                       |
|-----------------------------|--------------------------|--------------------------|
| Epicardial pacemaker/wire?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Cerebral aneurysm clip/coil | <input type="checkbox"/> | <input type="checkbox"/> |
| Cochlear/stapes implant?    | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye injury caused by metal? | <input type="checkbox"/> | <input type="checkbox"/> |

Cardiac / vascular stent? ☐ ☐

Any other metal implant? ☐ ☐

Please describe \_\_\_\_\_

If yes to any of the above questions MRI must be contacted 4215 0328

Referred by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Provider number \_\_\_\_\_

You can choose your imaging provider

**bmi** Your Health | Your Service | Your Choice

## MEDICAL IMAGING SPECIALISTS

Dr Kevin Shaw - MBBS, FRANZCR

Assoc. Professor Andrew Whan - MBBS, FRANZCR

Assoc. Professor Donald Robertson - MBBS, DDR, FRANZCR

Dr Imogen O'Meara - BA/BSc (Hons), MBBS, FRANZCR

Dr Peter Morris - MBBS, FRANZCR

Dr Jeffrey Cameron - MBBS (Hons), FRANZCR

Dr Andrew Owen - BSc, MRCP, FRCP, FRANZCR

Dr Shane Lee - MBBS, FRANZCR, FAANMS

Dr Dickson Ma - MBBS, FRACP

Dr Ian Williams - MBBS, FRANZCP

Dr Ganesh Ramaseshan - MBBS, FRANZCR, FAANMS

Dr Charuta Dagia - MBBS, MD, FRCP, FRANZCR

Dr Nicholas Calver - MBBS, FRANZCR

Dr Mihir Patel - MBChB, FRANZCR, FAANMS

Dr David Lun - MBBS, FRANZCR

Dr Giles Craig - MBBS, FRANZCR, FAANMS

Dr Steve Landers - MBBS, FRANZCR

Dr Seamas Jones - MBBS, FRANZCR

Dr Sarah Rosalie - MBBS, FRANZCR

## LOCATIONS

### APPOINTMENTS / ENQUIRIES

(Please specify your preferred imaging location)

T 03 4215 0300 F 03 4215 0447

E [bmi@barwonhealth.org.au](mailto:bmi@barwonhealth.org.au)

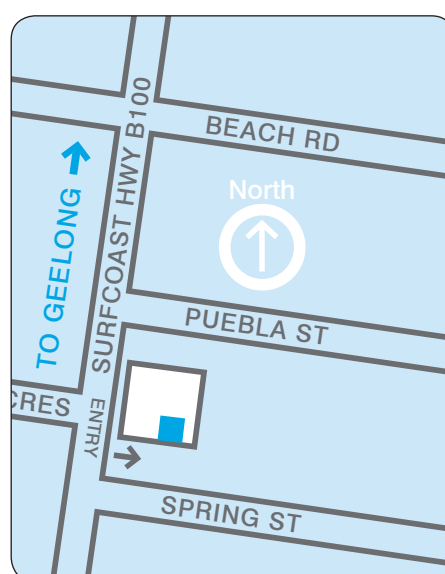


### UNIVERSITY HOSPITAL GEELONG

Ryrie Street, Geelong 3220

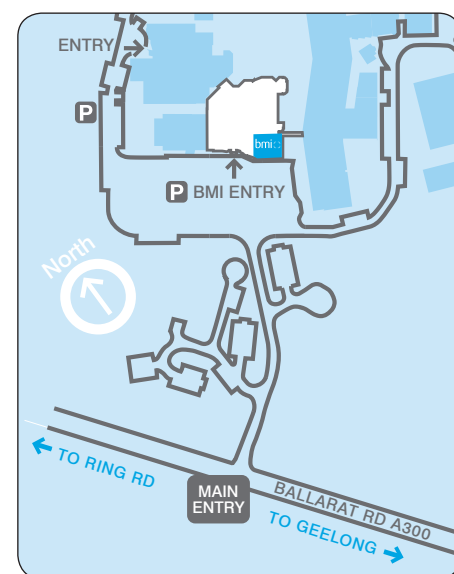
### FORMER GEELONG PRIVATE HOSPITAL

Bellerine Street, Geelong 3220



### TORQUAY COMMUNITY HEALTH CENTRE

100 Surfcoast Hwy, Torquay 3228



### McKELLAR CENTRE

45-95 Ballarat Road, North Geelong 3215

## SERVICE DIRECTORY

|                                 | PET/CT | CT | Ultrasound | Nuclear Medicine | MRI † | Angiography | X-Ray | OPG/Dental | Mammography | Biopsy | Image Guided Injection |
|---------------------------------|--------|----|------------|------------------|-------|-------------|-------|------------|-------------|--------|------------------------|
| UNIVERSITY HOSPITAL GEELONG     | •      | •  | •          | •                | •     | •           | •     |            | •           | •      | •                      |
| FORMER GEELONG PRIVATE HOSPITAL |        | •  | •          |                  |       |             | •     | •          |             |        |                        |
| TORQUAY COMMUNITY HEALTH CENTRE |        |    |            |                  |       |             | •     |            |             |        |                        |
| McKELLAR CENTRE                 |        | •  | •          |                  |       |             | •     |            |             | •      | •                      |

† After hours access to MRI via Ryrie Street entrance only