San RADIOLOGY AND NUCLEAR MEDICINE

Appointments: 02 9480 9840 | **Enquiries: 02 9480 9850**
San Radiology Level 3, Tulloch Building
Fax: 02 9480 9845
Nuclear Medicine/PET-CT Level 3, San Clinic
Fax: 02 9480 8755

MRI REQUEST FORM – GENERAL PRACTITIONER

Patient Name: ..... D.O.B .....

Address: ..... Postcode: .....

Phone: ..... Mobile: .....

MEDICARE-ELIGIBLE ADULT MRI (OVER 16 YEARS)

☐ Brain	☐ Chronic headache with suspected intracranial pathology ☐ Unexplained seizure(s)
☐ Knee ☐ L ☐ R	☐ Suspected ACL tear following acute trauma ☐ Suspected meniscal tear following acute trauma and inability to extend the knee
☐ Cervical Spine	☐ Radiculopathy ☐ Trauma

MEDICARE-ELIGIBLE PAEDIATRIC MRI (UNDER 16 YEARS)

☐ Brain	☐ Unexplained seizure(s) ☐ Unexplained headache with suspected intracranial pathology ☐ Paranasal sinus pathology which has not responded to conservative therapy
☐ Knee* ☐ L ☐ R	☐ Internal derangement
☐ Elbow* ☐ L ☐ R	☐ Suspected fracture or avulsion injury
☐ Wrist* ☐ L ☐ R	☐ Suspected scaphoid fracture
☐ Hip* ☐ L ☐ R	☐ Suspected septic arthritis ☐ Suspected slipped capital femoral epiphysis ☐ Suspected perthes' disease
☐ Cervical Spine* ☐ Thoracic Spine* ☐ Lumbar Spine*	☐ Significant trauma ☐ Unexplained neck/back pain with associated neurologic signs ☐ Unexplained back pain where significant pathology is suspected

** Following plain x-ray examination*

NON MEDICARE-ELIGIBLE MRI INCLUDING:

☐ Brain ☐ Spine ☐ Liver ☐ Female Pelvis ☐ Breast ☐ Prostate

☐ MSK Region *(please specify)* _____ Other Region *(please specify)* _____

CLINICAL NOTES

Current Creatinine: _____ Current eGFR: _____ Current PSA (for Prostate Referral ONLY): _____ on ___/___/___

REFERRER DETAILS

Name: ..... Provider No: .....

Address: .....

..... Copy to: .....

Phone: ..... Fax: .....

Signature: ..... Date: .....

PLEASE TICK FOR PRINTED IMAGES ☐

All images are available on-line only unless otherwise requested

0787/RAD/0618/DAS

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.

PLEASE REMEMBER TO BRING THIS REQUEST FORM AND ANY RELEVANT PREVIOUS FILMS TO YOUR APPOINTMENT

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185 Fox Valley Road
Wahroonga NSW 2076

MY APPOINTMENT DETAILS:

Appt Date: ...../...../.....

Appt Time: .....

Patient Checklist :

On the day of your appointment please bring:

- ☐ 1. Your MRI Referral (this document)
- ☐ 2. Previous relevant scans or x-rays for the region being examined.
- ☐ 3. Your Medicare, DVA or Healthcare Card (as applicable).
- ☐ 4. Any additional information requested by our staff at the time of appointment
- ☐ 5. Please wear as little jewellery and make-up as possible.

- MRI - High Resolution (3T)
- CT - Dual Source, ULTRA Low Dose
- General Ultrasound
- Vascular Ultrasound
- Echocardiography
- 2D/3D Mammography
- Digital X-Ray
- EOS® – Long Length Imaging
- Interventional Procedures
- PET-CT
- Nuclear Medicine
- Bone Mineral Densitometry

Patient Information:

Please allow approximately one (1) hour for your MRI appointment, even though your time on the MRI scanner may be considerably less.

MRI is a safe procedure and does not use radiation, however, patients with certain implanted metallic devices cannot be scanned safely. It is essential that you answer the safety questions below before making your appointment.

Please inform our reception staff if you have answered YES to ANY question, at the time of making your appointment, as further information may be required.

Patient Safety Questionnaire:

Please circle YES or NO for the following:

1. Do you have or have you had a:

Cardiac Pacemaker?	YES	NO
Implanted Cardiac Defibrillator?	YES	NO
Artificial Heart Valves or Annuloplasty Ring?	YES	NO
Neurostimulator?	YES	NO
Brain Aneurysm Clips?	YES	NO
Cochlear or Stapes Implant?	YES	NO
Other Metallic, Magnetic or Electric Implants?	YES	NO
Penile Implant?	YES	NO
Vascular Coil, Filter or Pump?	YES	NO

2. Are you Pregnant? YES NO
3. Do you have any metal objects in the eye? YES NO
4. Were you or are you a metal worker? YES NO

* If you are **DIABETIC**, please ensure you inform our staff at the time of your appointment as different preparation instructions may apply.

HOW TO FIND US:

- Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1)
- Park in P1 for San Radiology
- Park in P2 for Nuclear Medicine

NATA