

San Radiology & Nuclear Medicine

MRI Request Form – GP

Please scan here to request an appointment



SYDNEY ADVENTIST HOSPITAL

185 Fox Valley Rd
Wahroonga NSW 2076

Radiology

Level 3, Tulloch Building
E: radiology@sah.org.au

Patient Name: _____

D.O.B: _____

Address: _____

Postcode: _____

Phone: _____

Mobile: _____

MRN: _____

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

* Between age 16-49

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***
 - Significant trauma
- Thoracic Spine***
 - Unexplained neck/back pain with associated neurologic signs
- Lumbar Spine***
 - Unexplained back pain where significant pathology is suspected

* Following plain x-ray examination

NON MEDICARE-ELIGIBLE MRI INCLUDING:

- Brain Cervical Spine Thoracic Spine Lumbar Spine Abdomen
- Female Pelvis Rapid Breast Liver Cardiac Prostate
- MSK Region (please specify) _____
- Other Region (please specify) _____

REFERRER DETAILS

Name: _____

Provider No: _____

Address: _____

Copy to: _____

Phone: _____ Fax: _____

Signature: _____

Date: _____

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

CLINICAL NOTES

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

PATIENT INFORMATION:

MRI is a safe imaging examination and does not use ionising radiation but strong magnetic fields, therefore some implanted metallic devices &/or implants may need to be identified and checked prior to your scan.

It is essential that you answer the safety questions accurately below and inform our bookings staff if you have **answered YES to ANY of the questions**, when making your appointment.

For a quicker check in, please email, fax or scan the QR code to send this request ahead of your appointment. Please bring this request and any relevant previous imaging with other providers to your appointment.

MY APPOINTMENT DETAILS

Appt Date: _____ / _____ / _____

Appt Time: _____

Note: _____

PATIENT SAFETY QUESTIONNAIRE:

Please tick YES or NO for the following:

- Cardiac pacemaker, defibrillator &/or pacing leads? YES NO

Any cardiac implant? YES NO

Cerebral or spinal shunt? YES NO

Brain aneurysm clips &/or coils? YES NO

Cochlear or Stapes ear implant? YES NO

Electronic/neuro stimulator? YES NO

Implanted drug infusion pump? YES NO

Penile implant? YES NO

Gastric banding? YES NO

Spinal or vascular stents, coils, filters or clips? YES NO

Recently swallowed a pill camera? YES NO

Implant/s containing magnets? YES NO

Eye or retinal implants? YES NO

Had an eye injury caused by metal? YES NO
- Are you Pregnant? YES NO

PATIENT CHECKLIST:

On the day of your appointment please bring:

- Your MRI Referral (this document)
- Previous relevant scans or x-rays for the region being examined.
- Your Medicare, DVA or Healthcare Card (as applicable).
- Any additional information requested by our staff at the time of appointment
- Please remove all jewellery for your scan, except your wedding rings and wear as little make up as possible

HOW TO FIND US

San Radiology:

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P₁**



www.sanradiology.com.au

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