



Name:

Date of Birth:

Address:

Phone (H):

Phone (B):

Medicare No:

EXAMINATION REQUESTED

CLINICAL DETAILS

REFERRER DETAILS

BILLING:

REPORT:

IMAGES:

Private

URGENT

CD* Film

HCC/Pension

Return with patient

Online access / **mrcconnect**

VetAffairs

Post

[*Patient images are provided on CD unless alternative preference is selected by referrer]

WorkCover

Fax

TAC

Email

COPIES TO:

DOCTOR'S SIGNATURE:

DATE:

ALERTS

Contrast Allergy Y N Pregnant Y N LNMP _____

Renal impairment Y N Creatinine _____ eGFR _____ Date _____ Metformin Y N

FOR MRI: X-ray orbits Skull CXR AXR.

Pacemaker? Y N Cochlear Implant? Y N Aneurysm Clip? Y N

MORE REFERRAL PADS

A4 pads A4 loose sheets A5

WE ACCEPT ALL RADIOLOGY REFERRALS

MEDICARE ELIGIBLE MRI - GP REQUESTED SCANS BULK-BILLED

MEDICARE ELIGIBLE MRI - GP REQUESTED SCANS BULK-BILLED

PAEDIATRIC - Clinical Indications (Under 16 yrs)

MRI Scan of Head

- unexplained seizure(s)
- unexplained headache where significant pathology is suspected
- paranasal sinus pathology which has not responded to conservative therapy

MRI Scan of Spine*

- significant trauma
- unexplained neck or back pain with associated neurological signs
- unexplained back pain where significant pathology is suspected

MRI Scan of Knee* L R

- suspected internal joint derangement

MRI Scan of Hip* L R

- suspected septic arthritis
- suspected slipped capital femoral epiphysis
- suspected Perthes disease

MRI Scan of Elbow* L R

- significant fracture or avulsion injury is suspected

MRI Scan of Wrist* L R

- where scaphoid fracture is suspected

*A previous radiographic examination must have been performed



ADULT - Clinical Indications (16 yrs or older)

MRI Scan of Head

- unexplained seizure(s)
- unexplained chronic headache with suspected intracranial pathology

MRI Scan of Cervical Spine

- for suspected cervical radiculopathy

MRI Scan of Cervical Spine

- for suspected cervical spine trauma

MRI Scan of Knee L R

following acute knee trauma and

- inability to extend the knee suggesting the possibility of acute meniscal tear
- clinical findings suggesting acute anterior cruciate ligament tear

MRI Scans that are eligible for the Medicare rebate referred by GPs are bulk-billed at Melbourne Radiology Clinic

TURNOVER FOR PATIENT INFORMATION



ELECTRONIC STORAGE OF IMAGES INDEFINITELY

Appointment Date & Time:.....

Melbourne Radiology Clinic
 Ground Floor, 3-6/100 Victoria Pde
 East Melbourne VIC 3002
tel 03 9667 1667 fax 03 9667 1666
 info@melbournerradiology.com.au
 www.melbournerradiology.com.au

This form needs to be presented at the time of your appointment. Please bring your Medicare, DVA or concession card and any previous scans with you. TAC or WorkCover claim numbers/approval letters will be required.

Your doctor has recommended that you use Melbourne Radiology Clinic.
 You may choose another provider but please discuss this with your doctor first.

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PREPARATION FOR AN EXAMINATION

Unless otherwise advised, please continue to take your medications as usual.
 If you are diabetic, please advise us at the time of booking as fasting may be required for an examination.

CT SCAN

Neck, Chest, Abdomen, Pelvis, Angiogram & Intravenous Cholangiogram (IVC)

Fast for 4 hours prior to the examination.
 For CT Abdomen & Pelvis, drink 1 litre of water (4 cups) 30 minutes before the examination.

Other CT Examinations: No preparation unless otherwise instructed.

ULTRASOUND

Abdomen

Nothing to eat or drink for 6 hours.

Doppler Aorta & Renal

Fast for 8 hours.

Other Ultrasound Examinations

No preparation unless otherwise instructed.

Pelvis, Renal & 1st Trimester Pregnancy

Empty bladder one hour before the examination and immediately drink 1 litre of water (4 cups) within 1 hour of the examination and **do not empty bladder. Bladder must be full for this examination.**

DIGITAL X-RAY

No preparation required.

MRI SCAN

No preparation required.

Please arrive 10 mins before your booked appointment time.
 If having an injection, please enquire if a driver is required.

- REMEMBER TO BRING TO YOUR APPOINTMENT:**
- Your Radiology Referral
 - Medicare Card
 - Concession / DVA card(s)
 - TAC / WorkCover Claim Number / Approval Letter
 - Any previous scans

Comprehensive patient fact sheets are available for all diagnostic imaging and interventional procedures on our website.

Patient consent forms including our MRI Consent Form and Safety Questionnaire can be downloaded and completed prior to your appointment.

Visit: www.melbournerradiology.com.au



melbourne radiology clinic

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Ground Floor
 3-6/100 Victoria Parade
 East Melbourne VIC 3002

tel 03 9667 1667
fax 03 9667 1666

