



# MRI REQUEST - GP

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## Patient Details

Name: .....  
 Address: .....  
 .....  
 DOB: ..... / ..... / ..... Contact no: .....  
 Medicare: ..... Exp Date: ..... / .....

### Please Tick:

- Vet Affairs
- HCC / Pension
- MVIT / Workers Comp
- Private

- For exclusion of: MRI is initial Imaging modality for diagnosis
- For further investigation: Secondary imaging, diagnosis uncertain or to assess extent or severity of the condition
- For monitoring: Diagnosis confirmed, MRI to assess progress following treatment

## MEDICARE REBATEABLE SCANS:

### PATIENTS UNDER 16:

#### BRAIN (63507)

- Unexplained seizures
- Unexplained headaches where significant pathology is suspected
- Paranasal sinus pathology which has not responded to conservative therapy

#### SPINE (63510) - Following Radiographic Exam

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

#### KNEE (63513) - Following Radiographic Exam

- Internal joint derangement

#### HIP (63516) - Following Radiographic Exam

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

#### ELBOW (63519) - Following Radiographic Exam

- A significant fracture or avulsion injury is suspected that will change management

#### WRIST (63522) - Following Radiographic Exam

- Suspected scaphoid fracture

### PATIENTS 16 AND OVER:

#### BRAIN (63551)

- Unexplained seizures
- Unexplained chronic headaches with suspected intracranial pathology

#### SPINE

- Cervical radiculopathy (63554)
- Cervical spine trauma (63557)

#### KNEE (63560) - Following Radiographic Exam (16-49 years old)

- Following acute trauma with inability to extend knee suggesting possibility of acute meniscal tear
- Clinical findings suggesting acute anterior cruciate ligament tear

## NON REBATEABLE

- KNEE (50 years and over)
- SHOULDER
- LUMBAR SPINE
- HIP
- ANKLE
- OTHER: .....

## DIFFERENTIAL Dx (s)

Provider No: .....

Date: .....

Copies of reports to: 1.....

Signature: .....

2.....

Print Name: .....

## IMPORTANT - PLEASE HAVE PATIENTS COMPLETE OVERLEAF

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



# MRI Safety Questionnaire and Body Map

Name: ..... DOB: ..... / ..... / .....  
 Weight: ..... Height: .....  
 GP's Name / Practice: .....

**Certain Implants, devices and objects may be hazardous to you or may interfere with the MRI**

**Have you:**

Had a previous MRI?	YES	NO
If yes, when and where?		
Ever had an eye injury caused by metal?	YES	NO
If yes, was this removed by a doctor?	YES	NO
Had any operations in the last six weeks?	YES	NO
Are you pregnant or suspect you might be pregnant?	YES	NO

**Do you have, or have you ever had:**

Cardiac pacemaker or Intra-Cardiac Defibrillator?	YES	NO
An artificial heart valve or wires?	YES	NO
Heart clips from cardiac surgery?	YES	NO
Aneurysm clips or coils?	YES	NO
Shunt in the Brain or Spinal cord?	YES	NO
Ear implant (Cochlear implant) or ear surgery?	YES	NO
Ocular Implant (Eye implant)?	YES	NO
Any implanted drug or other infusion pump?	YES	NO
A Neurostimulator?	YES	NO
A bone growth stimulator?	YES	NO
An intra-uterine device (IUD)?	YES	NO
Any silver dressings?	YES	NO
Any pain patches or medication patches?	YES	NO
Removable plates / dentures?	YES	NO
Tattoo or permanent makeup?	YES	NO
Hearing aids?	YES	NO
Piercings / dermal piercings?	YES	NO
Hair extensions / wig / toupee?	YES	NO
Vascular stents, filters or coils? Where:	YES	NO
Any metal fragments or foreign bodies? Where:	YES	NO
Any other prosthesis, implants or devices? Please list:	YES	NO
Have you had any surgeries / operations in your lifetime? Please list:	YES	NO
Have you ever been diagnosed with cancer? Please specify:	YES	NO

I acknowledge that to the best of my understanding the above answers are true and consent to the MRI examination.

Patient signature: ..... Date: ..... / ..... / .....

Person completing the form if not the patient: ..... Relationship: .....

**STAFF USE ONLY:**

Correct Patient       Correct Procedure       Patient is MRI safe      Radiographer initials: .....