

# San Radiology & Nuclear Medicine

## MRI Request Form – Specialist Only

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 MRI INDICATIONS - Please provide detailed clinical notes in the section below

**NB:** The parentheses ( ) indicates the permitted number of MRI examinations in a 12 month interval

#### BRAIN

- Stroke, TIA or vascular anomaly with intracranial MRA<sup>(3)</sup>
- Venous Thrombosis including MRV<sup>(3)</sup>
- Tumour or Inflammation of Brain, Meninges or Skull Base
- Demyelination<sup>(3)</sup>

- Epilepsy, Seizure or Trauma<sup>(3)</sup>
- Encephalopathy or Congenital Malformation<sup>(3)</sup>
- Pituitary Tumour<sup>(3)</sup>

#### NECK

- MRA – Extracranial (Carotid and Vertebral arteries)<sup>(3)</sup>

#### SPINE

(Select region first then select the clinical indication)

- CERVICAL**  **THORACIC**  **LUMBAR**
- Infection
- Tumour
- Demyelinating disease or Myelopathy<sup>(3)</sup>

- Congenital malformation of cord or to rule out Syrinx<sup>(3)</sup>
- Radiculopathy / Sciatica<sup>(3)</sup>
- Trauma<sup>(3)</sup>
- Spinal canal stenosis<sup>(3)</sup>
- Previous spinal surgery<sup>(3)</sup> Describe: \_\_\_\_\_

#### CERVICAL SPINE AND BRACHIAL PLEXUS

- Tumour, Cervical Radiculopathy or Trauma<sup>(3)</sup>

- Previous surgery<sup>(3)</sup> Describe: \_\_\_\_\_

#### MUSCULOSKELETAL

- Shoulder<sup>(3)</sup> (no arthrogram)  L  R
- Shoulder<sup>(3)</sup> (with arthrogram)  L  R
- Elbow<sup>(3)</sup>  L  R
- Tumour, infection, osteonecrosis of bone or musculoskeletal system  
Region: \_\_\_\_\_

- Hand, Wrist or Fingers<sup>(3)</sup>  Left  Right
- Hip<sup>(3)</sup>  Left  Right
- Knee<sup>(3)</sup>  Left  Right
- Ankle  Left  Right
- Foot/Toes<sup>(3)</sup>  Left  Right

#### BODY

- Liver - known colorectal carcinoma with known, suspected or possible liver metastases following CT +/- US<sup>(1)</sup>
- Liver - staging of known or suspected hepatocellular carcinoma in a patient with chronic liver disease, Child-Pugh A or B liver function and with an hepatic lesion >10mm.
- MRCP for suspected pancreas or biliary tree pathology<sup>(3)</sup> (see Non-eligible procedures below for MRI Liver)
- Abnormality of Thoracic Aorta SVC, IVC or Pelvic Vein<sup>(2)</sup>
- Adrenal mass in patient with an otherwise resectable malignancy<sup>(1)</sup>
- Congenital disease or tumour of Heart or other Great Vessel<sup>(2)</sup>
- Cardiovascular system for vascular abnormality in patient with previous anaphylactic reaction to iodinated contrast<sup>(3)</sup>

- Mediastinal mass (under 16 years)
- Congenital Uterine or Anorectal anomaly (under 16 years)
- Pelvis for initial staging of rectal cancer
- Abdomen and/or Pelvis for staging of proven Ca Cervix (FIGO Stage 1B or greater)
- MR Enterography for Crohn's
  - Initial Diagnosis  Exacerbation and/or Suspected Complications
  - Pregnancy  Therapy Change Assessment
- MR Enterography for Crohn's – Fistulising Perianal Evaluation
  - Pelvic Sepsis and Fistulas
  - Therapy Change Assessment

### NON MEDICARE-ELIGIBLE MRI INCLUDING:

**NB:** San Radiology has dedicated Breast and Prostate Imaging request forms - contact us for further information

- Liver  Prostate (PSA on / / )  Breast  Left  Right  Both  Other Region (please specify) \_\_\_\_\_

**CLINICAL NOTES** Please provide the following information for patients over 60 years of age or with known renal insufficiency who may require Gadolinium contrast as part of the examination.

Recent Creatinine: \_\_\_\_\_ Current eGFR: \_\_\_\_\_ Date: / /

### REFERRER DETAILS

Name: \_\_\_\_\_

Provider No: \_\_\_\_\_

Copy to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE TICK TO OPT OUT OF PRINTED IMAGES  
All images are available online

## 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:

- Do you have or have you had a:
 

Cardiac Pacemaker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Implanted Cardiac Defibrillator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Artificial Heart Valves or Annuloplasty Ring?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Neurostimulator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brain Aneurysm Clips?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cochlear or Stapes Implant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Metallic, Magnetic or Electric Implants?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Penile Implant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vascular Coil, Filter or Pump?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
- Are you Pregnant?  YES  NO
- Do you have any metal objects in the eye?  YES  NO
- Were you or are you a metal worker?  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 **P<sub>1</sub>**



[www.sanradiology.com.au](http://www.sanradiology.com.au)

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ABN 76 096 452 925