Healthcare Imaging Services

RADIOLOGY REQUEST

Appointment Time: Date: Clinic: Address

Patient Details

Name:

Address:

Date of Birth:

Telephone:

Mobile:

Med. No.:

REFERRAL/REQUEST(S) FOR:

CLINICAL DETAILS:

REFERRING DOCTOR DETAILS:

SITE PREFERENCE IF APPLICABLE:

RESULTS:

- ◯ Urgent
- ◯ Email
- ◯ Phone
- ◯ Send copies to _____
- ◯ Fax
- ◯ Do not send reports to My Health Record

DOCTOR'S SIGNATURE: THE REQUEST FORM DOES NOT NEED TO BE SIGNED

DATE:

◯ **MRI** +/– Orbits +/– Skull +/– Chest X-ray

IMPORTANT:
Indicate whether the following applies to your patient.

History of welding, grinding, sheet metal work	Yes ◯ No ◯	Cochlear implant	Yes ◯ No ◯
Cardiac pacemaker	Yes ◯ No ◯	Vascular Stent	Yes ◯ No ◯
Brain aneurysm clip	Yes ◯ No ◯	Had the Patient Had metal in their eyes	Yes ◯ No ◯

Sex: Male ◯ Female ◯ Is the patient pregnant? Yes ◯ No ◯

◯ **CT Scanning** If Diabetic, does treatment contain Metformin Yes ◯ No ◯

What is current renal function?

Date of renal function?

Your doctor has recommended that you use Healthcare Imaging Services. You may choose another provider but please discuss this with your doctor first.

GP MRI REBATABLE ITEMS FOR PATIENTS >16yrs (Please tick)

MRI Head (63551)
- ◯ Unexplained seizures, or
- ◯ Unexplained chronic headache with suspected intracranial pathology

MRI Cervical Spine
- ◯ Cervical radiculopathy (63554), or
- ◯ Cervical spine trauma (63557)

MRI Knee (63560) *Patients aged between 16-49 years only
- ◯ Acute knee trauma with inability to extend the knee suggesting possible acute meniscal tear
- ◯ Clinical findings suggesting acute anterior cruciate ligament tear

GP MRI REBATABLE ITEMS FOR PATIENTS <16yrs (Please tick)

MRI Head (63507)
- ◯ Unexplained seizures, or
- ◯ Unexplained headache where significant pathology is suspected, or
- ◯ Paranasal sinus pathology

MRI Knee (63513)
- ◯ Internal joint derangement

Following general X-Ray of any of the following:

MRI Spine (63510)
- ◯ Significant trauma, or
- ◯ Unexplained neck or back pain with associated neurological signs, or
- ◯ Unexplained back pain where significant pathology is suspected

MRI Hip (63516)
- ◯ Suspected septic arthritis, or
- ◯ Suspected slipped capital femoral epiphysis, or
- ◯ Suspected Perthes disease

MRI Elbow (63519)
- ◯ Significant fracture or avulsion injury is suspected that will change management

MRI Wrist (63522)
- ◯ Suspected scaphoid fracture

HIS Radiology Final Check

- ◯ Patient identification verified
- ◯ Procedure and consent verified
- ◯ Correct side and site verified

Protocol _____
Radiologist _____
Date _____/_____ / 20_____
Radiographer _____
Pregnant ☐ Y / N ☐
Patient _____

See reverse for clinic listing.