



**Patient Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone (H): \_\_\_\_\_  
 Telephone (Mob): \_\_\_\_\_  
 Med. No.: \_\_\_\_\_

**REFERRAL/REQUEST(S) FOR:**

**CLINICAL DETAILS:**

**REFERRING DOCTOR DETAILS:**

**PATIENT CATEGORY:**      **RESULTS:**

PTE       Vet/Aff       Telephone Report (No. \_\_\_\_\_)

W/C       TAC       Facsimile Report (No. \_\_\_\_\_)

Pension       Films with Patient

**COPIES TO:**

**DOCTOR'S SIGNATURE:**

**DATE:**

Sex: Male  Female  Is the patient pregnant? Yes  No

**Please select appropriate items:**

CT Scanning  
 Weight Bearing CT  
 CT/Nuc Med fusion  
 CT 4D     CT guided injection

If Diabetic, does treatment contain Metformin      Yes  No

What is current renal function?  
 \_\_\_\_\_

Date of renal function?.....

**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):**  
 Acute knee trauma with inability to extend the knee suggesting possible acute meniscal tear  
 Clinical findings suggesting acute anterior cruciate ligament tear

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

**IMPORTANT:** Indicate whether the following applies to your patient.

History of welding, grinding, sheet metal work      Yes  No

Cardiac pacemaker      Yes  No

Brain aneurysm clip      Yes  No

Cochlear implant      Yes  No

**Note: please refer to MBS for MRI rebatable items for patients <16yrs**

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\*subject to patient preparation requirements and availability

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3T MRI	Monday to Friday: 6.30am - 8.00pm Saturday & Sunday: Contact clinic
CT Scanning Weight Bearing CT	Monday to Saturday
Ultrasound	Monday to Saturday
Hydrodilataion & Procedures	Monday to Friday: Saturday: Contact clinic
Nuclear Medicine	Monday to Friday
Bone Densitometry (DEXA)	Monday to Friday