

BOOK NOW



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MRI Referral

PATIENT DETAILS

Patient name:

Birth date:

Contact details:

Medicare number:

WorkCover claim number:

EXAMINATION REQUESTED

ADULT GP REFERRED MEDICARE ELIGIBLE MRI SCAN (16 years or older)

- ☐ **MRI of the head for any of the following:**
- ☐ unexplained seizure(s)
 - ☐ unexplained chronic headache with suspected intracranial pathology
- ☐ **MRI of the cervical spine for suspected:**
- ☐ cervical radiculopathy
 - ☐ cervical spine trauma
- ☐ **MRI of the knee following acute knee trauma with:** (16 - 49 years)
- ☐ inability to extend the knee suggesting the possibility of acute meniscal tear
 - ☐ clinical findings suggesting acute anterior cruciate ligament tear

PAEDIATRIC GP REFERRED MEDICARE ELIGIBLE MRI SCAN (children 15 years or younger)

- ☐ **MRI of the head for any of the following:**
- ☐ unexplained seizure(s)
 - ☐ unexplained headache where significant pathology is suspected
 - ☐ paranasal sinus pathology which has not responded to conservative therapy
- ☐ **MRI of the spine following radiographic examination for any of the following:**
- ☐ significant trauma
 - ☐ unexplained neck or back pain with associated neurological signs
 - ☐ unexplained back pain where significant pathology is suspected
- ☐ **MRI of the knee for internal joint derangement**
- ☐ **MRI of the hip following radiographic examination for any of the following:**
- ☐ suspected septic arthritis
 - ☐ suspected slipped capital femoral epiphysis
 - ☐ suspected Perthes disease
- ☐ **MRI of the elbow following radiographic examination where a significant fracture or avulsion injury is suspected that will change management**
- ☐ **MRI of the wrist following radiographic examination where scaphoid fracture is suspected**

CLINICAL DETAILS

REFERRED BY

Contact details:

Provider number:

Send copy to:

Signature

Date

Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first.

THANK YOU FOR CHOOSING QSCAN RADIOLOGY CLINICS