

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 Alpenglow Australia. You may choose another provider but please discuss this with your doctor first.