



PAYNEHAM

WOODVILLE

ELIZABETH

GOODWOOD

TORRENSVILLE

PATIENT NAME AND ADDRESS

DATE OF BIRTH

TELEPHONE (H)

TELEPHONE (M)

MEDICARE NUMBER

CONSULTATION AND OPINION  X-Ray  Ultrasound  MRI (+/-Xray)  CT (+/-cannulation if required)  OPG

CLINICAL DETAILS

REFERRING DOCTOR Address /Provider Number/ Phone/Fax

RESULTS

- ✓ Fax/Mobile number for urgent results \_\_\_\_\_
- ✓ Plastic Film (\*Surcharge Applies\*)
- ✓ Creatinine \_\_\_\_\_  $\mu$  mols /L
- ✓ Copies to:

SIGNATURE

DATE

**GP REFERRED MRI – MEDICARE ELIGIBLE FOR BULK BILLING – Circle the relevant indications**

**HEAD (Adult)**

- ✓ Unexplained seizure(s)
- ✓ Unexplained chronic headaches with suspected intracranial pathology

**CERVICAL SPINE (Adult)**

- ✓ Cervical spine trauma
- ✓ Cervical radiculopathy

**OPG**

- ✓ 57960 Orthopantomography for diagnosis and/or management of trauma, infection, tumours, congenital conditions or surgical conditions of teeth or maxillofacial region
- ✓ 57963 Orthopantomography for diagnosis and/or management of impacted teeth, caries, periodontal or peripical pathology where signs or symptoms of those conditions are evident
- ✓ 57966 Orthopantomography for diagnosis and/or management of missing or crowded teeth, or developmental anomalies of the teeth or jaws
- ✓ 57969 Orthopantomography for diagnosis and/or management of temporomandibular joint arthroses or dysfunction

**KNEE (16-49 years old)**

- ✓ Acute trauma leading to:
- ✓ Inability to extend the knee suggesting the possibility of acute meniscal tear
- ✓ Clinical findings suggesting acute anterior cruciate ligament tear

**HEAD (Under 16 only)**

- ✓ Unexplained seizure(s)
- ✓ Unexplained chronic headaches
- ✓ Paranasal sinus pathology not responding to conservative therapy

**CERVICAL/THORACIC/LUMBAR SPINE (Under 16 only)**

- ✓ Significant trauma
- ✓ Unexplained neck or back pain with associated neurological signs
- ✓ Unexplained back pain where significant pathology is suspected

**ELBOW/WRIST (Under 16 only)**

- ✓ Scan of elbow following radiographic examination where a significant fracture or avulsion injury is suspected that will change management
- ✓ Scan of wrist following radiographic examination where a scaphoid fracture is suspected

**HIP (Under 16 only)**

- ✓ Suspected septic arthritis; Slipped capital femoral epiphysis
- ✓ Suspected Perthes' disease

**KNEE (Under 16 only)**

- ✓ Following radiographic examination for internal joint derangement

**PODIATRIST Medicare eligible indications**

- ✓ X-Rays Foot/Ankle/Knee/Femur
  - ✓ Ultrasound Foot/Ankle
- Steroid injection **not** Medicare eligible

**PHYSIO/CHIRO/OSTEO Medicare eligible indications**

- ✓ X-Ray
- ✓ Hips/Pelvis
- ✓ 3 Region Spine

**BOOKINGS: Fax** (08) 8440 7709  
**Payneham: Or Call:** 8440 7700  
**Woodville South:** 8440 7730

Elizabeth Vale: 8440 7720  
 Goodwood: 8440 7710  
 Torrensville: 8440 7740

**RADIOLOGISTS**  
 A/Professor Roger Davies  
 Dr. Jacqueline Kew

All referral forms accepted. This form is accepted everywhere.

## WE BULK BILL ALL MEDICARE ELIGIBLE SCANS AND XRAYS

For enquiries and appointments, please contact your preferred clinic below:

		MRI	CT	Ultrasound	X-ray	OPG	Bone Density	Visceral Fat Check
<b>Adelaide MRI (Woodville South)</b>	Mon-Fri 9-6	✓	✓	✓	✓			✓
<b>Adelaide East MRI (Payneham)</b>	Mon-Fri 9-6	✓	✓	✓	✓			✓
<b>Elizabeth Diagnostic Imaging</b>	Mon-Fri 9-5		✓	✓	✓			✓
<b>Goodwood Diagnostic Imaging</b>	Mon-Fri 9-5		✓	✓	✓			✓
<b>Torrensville Diagnostic Imaging</b>	Mon-Fri 9-5			✓		✓	✓	

### APPOINTMENT DATE AND TIME

#### PATIENT PREPARATION *(Continue all medication as per your doctor's instructions)*

**CT Head, Neck and Chest:** Nothing to eat for at least 2 hours before your appointment. A small amount of water may be taken.

**CT Abdomen and Pelvis:** Nothing to eat or drink for 4 hours before your appointment.

**CT Colongram:** Please contact our rooms to collect a preparation kit 2 days prior to your appointment and follow the dietary instructions.

**CT Guided Injections:** Please advise our staff if you are taking any blood thinning medication.

**Ultrasound Upper Abdomen:** Nothing to eat or drink and no smoking for at least 4 hours before your appointment. **Ultrasound Renal, Pelvis and Early Pregnancy:** Full bladder required. Drink up to 1 Litre of water. Finish drinking 1 to 1.5 hours before your appointment.

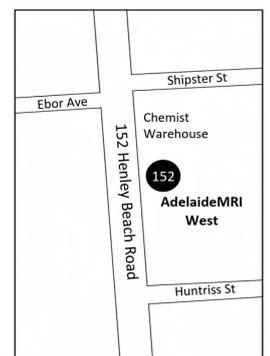
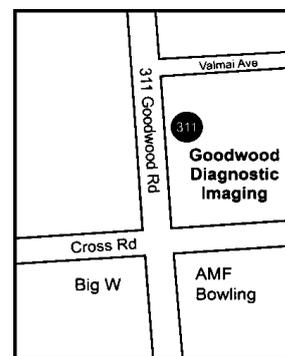
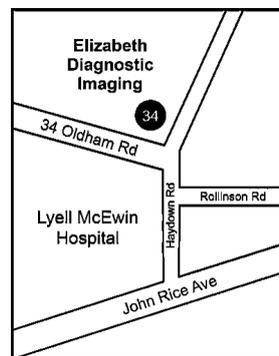
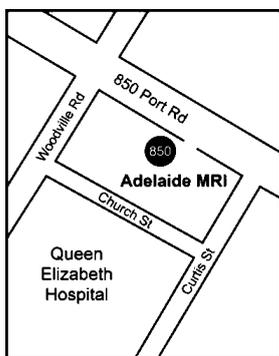
**MRI Preparation:** Preparation and Safety Check must be confirmed by our staff at time of booking your appointment.

**X-Ray, OPG and BMD:** No preparation required.

### IMAGING EQUIPMENT

<b>MRI</b>	Philips 1.5T for optimal diagnosis and ComforTone™ feature to improve noise and patient comfort.
<b>CT</b>	Toshiba 160 slice CT for faster exams with lower radiation dose.
<b>Ultrasound</b>	Toshiba Aplio equipment with "crystal clear" imaging quality for an improved patient experience.

## OUR LOCATIONS



**Adelaide MRI Woodville**  
 850 Port Road  
 WOODVILLE SOUTH 5011  
 Phone: (08) 8440 7730  
 Fax: (08) 8440 7739

**Adelaide MRI East**  
 298 Payneham Road  
 PAYNEHAM 5070  
 Phone: (08) 8440 7700  
 Fax: (08) 8440 7709

**Elizabeth Diagnostic Imaging**  
 34-36 Oldham Road  
 ELIZABETH VALE 5112  
 Phone: (08) 8440 7720  
 Fax: (08) 8440 7729

**Goodwood Diagnostic Imaging**  
 6/311 Goodwood Road  
 KINGS PARK 5034  
 Phone: (08) 8440 7710  
 Fax: (08) 8440 7719

**Adelaide MRI West**  
 152 Henley Beach Road  
 TORRENSVILLE 5031  
 Phone: (08) 8440 7740  
 Fax: (08) 8440 7749

[www.ADELAIDEMRI.com](http://www.ADELAIDEMRI.com) For results, practice details and bookings.

**PLEASE BRING: Referral Form, Medicare/DVA Card, Work Cover details and Old Films**

