



PATIENT DETAILS

EXAMINATION

REFERRER DETAILS

NEW CLINIC | 530 LOWER NORTH EAST RD, CAMPBELLTOWN |

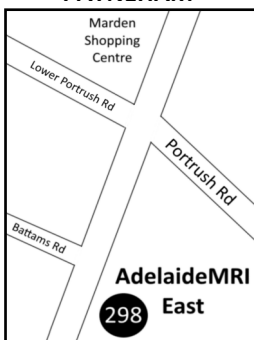
All referral forms accepted. This form is accepted everywhere.

**ALL MEDICARE ELIGIBLE X-RAYS AND SCANS ARE BULKBILLED**

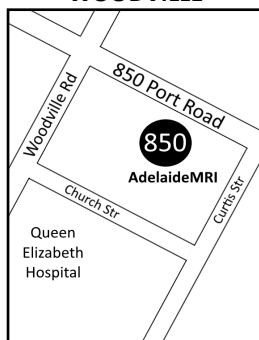
For all enquiries and appointments, please contact your preferred clinic

			MRI	CT	Ultrasound	X-Ray	Intervention	Bone Density
<b>ADELAIDE MRI EAST (PAYNEHAM)</b> 298 PAYNEHAM RD	<b>P 8440 7700</b> F 8440 7709	Mon-Fri 9am-6pm	●	●	●	●	●	
<b>ADELAIDE MRI (WOODVILLE)</b> 850 PORT RD	<b>P 8440 7730</b> F 8440 7739	Mon-Fri 9am-6pm	●	●	●	●	●	
<b>ADELAIDE MRI CENTRAL (TORRENSVILLE)</b> 152 HENLEY BEACH RD	<b>P 8440 7740</b> F 8440 7749	Mon-Fri 9am-6pm		●	●	●	●	●
<b>ADELAIDE MRI PARAFIELD</b> 33 MCINTYRE RD	<b>P 8440 7750</b> F 8440 7759	Mon-Fri 10am-6pm		●	●	●	●	
<b>ADELAIDE MRI CAMPBELLTOWN</b> 530 LOWER NORTH EAST RD	<b>P 8440 7710</b> F 8440 7719	Mon-Fri 9am-6pm		●	●	●	●	

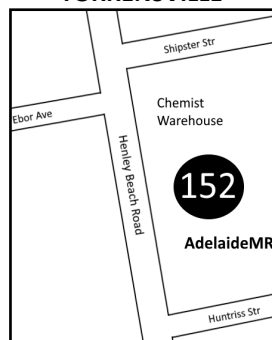
**PAYNEHAM**



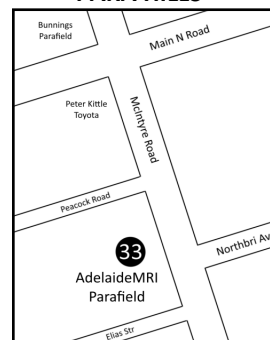
**WOODVILLE**



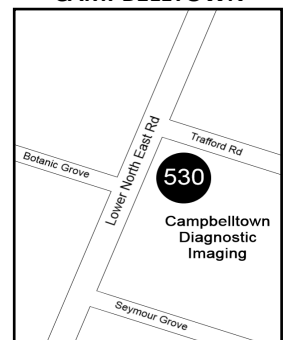
**TORRENSVILLE**



**PARA HILLS**



**CAMPBELLTOWN**





### PATIENT PREPARATION

Continue all medication as per your doctor's instructions

**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 1Litre of water. Finish drinking 1-1.5 hours before your appointment.

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

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

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

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

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

### GP REFERRED MRI—MEDICARE ELIGIBLE FOR BULK BILLING

REGION	CLINICAL DETAILS	REGION	CLINICAL DETAILS
<b>HEAD (63551)</b>	<b>ADULT (16 years or older)</b>	<b>HEAD (63507)</b>	<b>PAEDIATRIC (Under 16 years)</b>
OR	<ul style="list-style-type: none"> <li>Unexplained seizure(s)</li> <li>Unexplained chronic headaches with suspected intracranial pathology</li> </ul>	OR	<ul style="list-style-type: none"> <li>an unexplained seizure</li> <li>an unexplained headache if significant pathology is suspected</li> <li>paranasal sinus pathology that has not responded to conservative therapy</li> </ul>
<b>CERVICAL SPINE (63554)</b>	<b>ADULT (16 years or older)</b>	<b>CERVICAL / THORACIC / LUMBAR SPINE (63510)</b>	<b>PAEDIATRIC (Under 16 years)</b>
	<ul style="list-style-type: none"> <li>Suspected cervical radiculopathy</li> </ul>	OR	<ul style="list-style-type: none"> <li>significant trauma</li> <li>unexplained neck or back pain with associated neurological signs</li> <li>unexplained back pain if significant pathology is suspected</li> </ul>
<b>ELBOW (63519)</b>	<b>PAEDIATRIC (Under 16 years)</b>	<b>WRIST (63522)</b>	<b>PAEDIATRIC (Under 16 years)</b>
	Following a radiographic examination		Following a radiographic examination
	<ul style="list-style-type: none"> <li>if a significant fracture or avulsion injury, which would change the way in which the patient is managed, is suspected</li> </ul>		<ul style="list-style-type: none"> <li>Suspected scaphoid fracture</li> </ul>
<b>HIP (63516)</b>	<b>PAEDIATRIC (Under 16 years)</b>	<b>ABDOMEN (63740)</b>	
	Following a radiographic examination		?evaluate small bowel Crohn's disease
OR	<ul style="list-style-type: none"> <li>septic arthritis</li> <li>slipped capital femoral epiphysis</li> </ul>	OR	<ul style="list-style-type: none"> <li>evaluation of disease extent at time of initial diagnosis of Crohn's disease</li> <li>evaluation of exacerbation, or suspected complications, of known Crohn's disease</li> <li>assessment of change to therapy in a patient with small bowel Crohn's disease</li> </ul>
OR	<ul style="list-style-type: none"> <li>Perthes disease</li> </ul>	OR	
<b>KNEE (63560)</b>	<b>ADULT (16 - 49 years)</b>	<b>KNEE (63513)</b>	<b>PAEDIATRIC (Under 16 years)</b>
	Following acute trauma		Following a radiographic examination
OR	<ul style="list-style-type: none"> <li>inability to extend the knee suggesting the possibility of acute meniscal tear;</li> <li>clinical findings suggesting acute anterior cruciate ligament tear</li> </ul>		<ul style="list-style-type: none"> <li>For internal joint derangement</li> </ul>

<b>PODIATRIST</b>	Medicare eligible indications - X-Rays: Foot/Ankle/Knee/Femur - Ultrasound Foot/Ankle <i>Steroid injection not Medicare eligible</i>	<b>PHYSIOTHERAPIST CHIROPRACTOR OSTEOPATH</b>	Medicare eligible indicators - X-Rays: Hips/Pelvis - Single & Multi region Spine
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**RADIOLOGIST DIRECT LINE 8440 7777**

Radiologists: Dr Roger Davies & Dr Jacqueline Kew