



## Medicare Rebatale MRI request for Women's Health - O&G

### Patient details

### MRI Pelvis/Abdomen

#### Radiologists

Dr Ramesh Cuganesan  
Dr Chee Chung Hiew  
Dr Anthony Kaplan  
Dr Elizabeth Lazarus  
Dr Robert Lim  
Dr Sarah Morris  
Dr Daniel Moses  
Dr Glen Schlaphoff  
Dr Jason Wenderoth  
Dr Laughlin Dawes  
Dr Melvin Wong  
Dr Dean Rabinowitz  
Dr Dang Lam  
Dr Paul Leong  
Dr Maria Moon  
Dr Dinesh Gooneratne  
Dr Jill King  
Dr Ryan Rudolph  
Dr Joanne Chambers  
Dr Jeanette Taylor  
Dr Sophie Thomas

#### Services

X-Ray  
CT  
CT Angiography  
MRI - 1.5 T, 3 T  
Prostate MRI  
Ultrasound  
Doppler Ultrasound  
Musculoskeletal Ultrasound  
DEXA/BMD  
Body Composition  
Interventional - Biopsies and  
Injections  
Nuclear Medicine  
CT Coronary Angiogram  
Cardiac MRI  
Calcium Score  
3D Mammography/  
Tomosynthesis Breast  
Breast MRI  
MRI Guided Breast Biopsies  
Ultrasound Guided Breast  
Biopsies  
Stereotactic Breast Biopsies  
Obstetric Ultrasound  
NIPT  
Nuchal Translucency  
Gynaecology/Pelvic  
Ultrasound  
OPG  
Cone Beam CT  
Lateral Ceph  
CT Dentascan  
TMJ  
Paediatric Imaging  
Sports Imaging

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#### Medicare Eligible scan (please indicate which criteria met)

- ☐ Sub-fertility that requires one or more of the following: (63563)
- Investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or hysterosalpingogram; **or**
  - Assessment of uterine mass identified on pelvic ultrasound before consideration of surgery; **or**
  - an investigation of recurrent implantation failure in IVF (2 or more embryo transfer cycles without viable pregnancy)
- ☐ Surgical planning a patient with known or suspected deep endometriosis involving the of bowel, bladder or ureter (or any combination of the bowel, bladder or ureter), where the results of pelvic ultrasound are inconclusive (63563).
- ☐ Staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater (63473).

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#### Non - Medicare eligible scan

### Clinical Notes

#### Referring Doctor

\* These sections **MUST** be completed

Name:	Provider no:
	Speciality:
	Phone:
Address:	
Signature:	Date:



**Spectrum**  
medical imaging  
[www.spectrumradiology.com.au](http://www.spectrumradiology.com.au)

### Alexandria

Shop 2, 540 Botany Road, Alexandria NSW 2015

Ph 9197 8000 Fax 9197 8079

- MRI, CT, U/S, X-RAY, OPG
- Open Mon-Fri 8:00 - 5:00pm



### Randwick (High St)

Wales Medical Centre, Level 1, 66 High Street, Randwick NSW 2031

Ph 9197 8000 Fax 9197 8019

- MRI, CT, U/S, X-RAY, OPG, CONE BEAM CT
- Open Mon-Fri 8:00 - 5:30pm and Sat 8:00 - 12:00pm

### Randwick (Silver St)

Ground Floor, 13-15 Silver Street, Randwick NSW 2031

Ph 9197 8000 Fax 9197 8029

- 3T MRI, U/S, 3D MAMMOGRAPHY, NUCLEAR MEDICINE, DEXA, BODY COMPOSITION
- Open Mon-Fri 8:00 - 5:30pm



### Liverpool

Ground & First Floors, 171 Bigge Street, Liverpool NSW 2170

Ph 9197 8100 Fax 9197 8119

- MRI, CT, U/S, X-RAY, OPG, 3D MAMMOGRAPHY, CONE BEAM CT, DEXA
- Open Mon-Fri 8:00 - 5:30pm and Sat 8:00 - 12:00pm

### Sydney South West Private Hospital

Level 1, Suite 1-5, 24-40 Bigge Street Liverpool NSW 2170

Ph: 9197 8100 Fax: 02 9197 8169

- INTERVENTIONAL RADIOLOGY, MRI, CT, U/S, X-RAY
- Open Mon-Fri 8:00 - 5:30pm

