

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 Rebecca Hall
 Dr Ryan Rudolph
 Dr Joanne Chambers
 Dr Jeanette Taylor
 Dr Sophie Thomas
 Dr Kevin Tay
 Dr Jules Catt
 Dr Yehia El Hgar
 Dr Shady Osman
 Dr Hao Xiang
 Dr Chandra Annabattula
 Dr Bryan Barry
 Dr Daniel Selim
 Dr Ross Copping
 Dr Mitchell Sutton
 Dr Anthony Logaraj
 Dr Ben Reidy
 Dr Hannah Ireland
 Dr Joshua Yap
 Dr Priya McGregor

Services

X-Ray
 CT
 CT Angiography
 MRI - 1.5T, 3T
 Ultrasound
 Doppler Ultrasound
 Musculoskeletal Ultrasound
 DEXA/BMD
 Biopsies and Injections
 3 Foot Film
 Body Composition

Nuclear Medicine**Advanced Interventional Radiology****Cardiac Imaging**

CT Coronary Angiogram
 Cardiac MRI
 Calcium Score
 TAVI
 MIBI

Prostate MRI**Women's Imaging**

3D Mammography/Tomosynthesis
 Breast Ultrasound
 Breast MRI
 MRI guided Breast Biopsies
 Ultrasound Guided Breast Biopsies
 Stereotactic Breast Biopsies
 Obstetric Ultrasound
 NIPT Package
 Nuchal Translucency
 Gynaecology / Pelvic Ultrasound

Specialist Dental Imaging

OPG

Cone Beam CT

Lateral Ceph

CT Dentascans

MRI TMJ's

Paediatric Imaging**Sports Imaging****Spectrum Bookings**

Scan here using mobile phone to book an appointment.

Spectrum
 medical imaging
 www.spectrumradiology.com.au



GP Rebutable MRI Request

Patient Details**OVER 16 YEARS - ADULT MRI (Please tick one)**

- | | |
|--|--|
| ☐ Brain | ☐ Chronic Headache with suspected intracranial pathology |
| ☐ Knee | ☐ Unexplained Seizure(s) |
| | ☐ Suspected ACL tear following acute trauma |
| | ☐ Suspected meniscal tear following acute trauma and inability to extend knee |
| ☐ Cervical spine | ☐ Radiculopathy |
| | ☐ Trauma |

UNDER 16 YEARS - PAEDIATRIC MRI (Please tick one) Clinical Notes

- | | |
|---|---|
| ☐ Brain (Headaches, Seizures) | |
| ☐ Knee (Internal Derangement)* | |
| ☐ Hip | ☐ Septic Arthritis* |
| | ☐ Perthes* |
| | ☐ Slipped epiphysis* |
| ☐ Wrist (Scaphoid fracture)* | |
| ☐ Elbow (Fracture)* | |
| ☐ Spine | ☐ Cervical* ☐ Pain* |
| | ☐ Thoracic* ☐ Trauma* |
| | ☐ Lumbosacral* |

*** For MRI Medicare eligibility, a prior XRay is required.**

Referring Doctor

These sections **MUST** be completed

Signature:

Date:

☐ more referrals needed

*** Please see overleaf for maps and addresses of all our sites**