**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 - 1.5 T, 3 T
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 Dentascan
MRI TMJ's
***Paediatric Imaging***
***Sports Imaging***

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# GP Rebatable MRI Request

## Patient Details

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

- ☐ **Brain**
  - ☐ Chronic Headache with suspected intracranial pathology
  - ☐ Unexplained Seizure(s)
- ☐ **Knee**
  - ☐ 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)**

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

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

**Clinical Notes**

**Referring Doctor** These sections **MUST** be completed

Signature: Date:

☐ **more referrals needed**

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