Spectrum medical imaging
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Medicare Rebatable MRI request for Pelvis, Abdomen and Renal

Patient details

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 Martin Doss
Dr Ben Reidy
Dr Hannah Ireland

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
Lateral Cephalogram
CT Dentascan
MRI TMJ's
Paediatric Imaging
Sports Imaging

MRI Enterography

☐ **Medicare Eligible scan (63740) (please indicate which criteria)**
- ☐ Evalution of disease extent at time of initial diagnosis of Crohn's disease.
- ☐ Evalution of known exacerbation/suspected complications of known Crohn's disease.
- ☐ Evalution of known or suspected Crohn's disease in pregnancy.
- ☐ Assessment of Change to therapy in patients with small bowel Crohn's disease.
  Applicable once in a 12 month period.

☐ **Non - Medicare eligible scan**

MRI Pelvis

☐ **Medicare Eligible scan (63743) (please indicate which criteria met)**
- ☐ Evalution of pelvic sepsis and fistulas associated with established or suspected Crohn's disease.
- ☐ Assessment of change to therapy of pelvis sepsis and fistulas from Crohn's disease.
  Applicable once in a 12 month period.
- ☐ The request for scan identifies that the indication is for the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum).

☐ **Non - Medicare eligible scan**

MRI Renal

☐ **MRI scan of the Abdomen - Medicare Eligible scan (63539)**
Requested by a specialist or consultant physician, to assess a patient with one or more known renal tumours and with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, other than a service to which item 63540 applies.
Applicable once in any 12-month period (R) (Contrast) (Anaes.)

☐ **MRI scan of the Abdomen - Medicare Eligible scan (63540)**
Requested by a specialist or consultant physician, to assess a patient with one or more known renal tumours and with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, if the service is performed:
(a) to evaluate changes in clinical condition or suspected complications of the known renal tumours; or
(b) where a disease specific line of treatment has been initiated and an assessment of patient responsiveness to the treatment is required.
Applicable once in any 3-month period (R) (Contrast) (Anaes.)

☐ **Non - Medicare eligible scan**

Clinical Notes

Referring Doctor These sections **MUST** be completed

Name: Provider No:
Address: Speciality:
Phone:
Fax:
Signature: Date:

☐ ***More referral pads***