



GYNAE REFERRAL

Appt Day _____ Date / /
Appt Time _____ am/pm
Bookings: 6382 3824

FAX this form to 6382 3800 or email a copy to bookings@envisionmi.com.au before your appointment.

Patient Details

Surname _____
First Name _____
DOB _____
Contact Numbers (M) _____
(H) _____

CONTRAINDICATIONS FOR MRI
Pacemaker / Defibrillator
Neurostimulator
Cochlear Implant

POSSIBLE CONTRAINDICATIONS
Aneurysm Clip
Stapedectomy
Morphine / Insulin Pump
AAA Stent

POTENTIAL HAZARDS
Previous metallic foreign body in eye (e.g. from welding / grinding)
 Please perform Orbit X-ray (Tick if Required)
Shrapnel
History of severe renal disease or dialysis for patients requiring contrast (Please provide recent creatinine levels or arrange for blood test)

Please bring previous scans / X-rays to your appointment.

Examination Required (Please tick)

MRI pelvis

Rebateable Scans

- Known or suspected deep endometriosis following pelvic US for surgical planning
- Mullerian Duct Anomaly investigation for sub-fertility following US or HSG
- Uterine mass/fibroid seen on US relating to sub-fertility (including post treatment imaging)
- Evaluate for structural causes of sub-fertility after 2 or more failed IVF cycles
- Cervical carcinoma staging following FIGO 1B histology diagnosis

MRI pelvis

Non-Rebateable Scans

- Uterine mass evaluation NOT causing sub-fertility
- Adenomyosis evaluation
- Placental evaluation
- Adnexal mass evaluation
- Vaginal/vulva mass evaluation
- Urethral mass/diverticulum evaluation
- Pelvic inflammatory disease evaluation
- Other _____

F-18 FDG PET/CT

(No out of pocket cost for Medicare eligible PET-CT scans)

- Ovarian Carcinoma (61565)

Carcinoma of Uterine Cervix

- Primary Staging (61571)
- Restaging (61575)

Rare/Uncommon Cancer

- Initial Staging (61612) one time per diagnosis
- Ultrasound
- X-Ray

Clinical Details / Queries

Location of prior US (please attach report): Aurora/QDOS/POGU/PRC/SKG/WUFW/_____

Please do not upload to My Health Record

Requesting Practitioner

Signature _____

Date _____

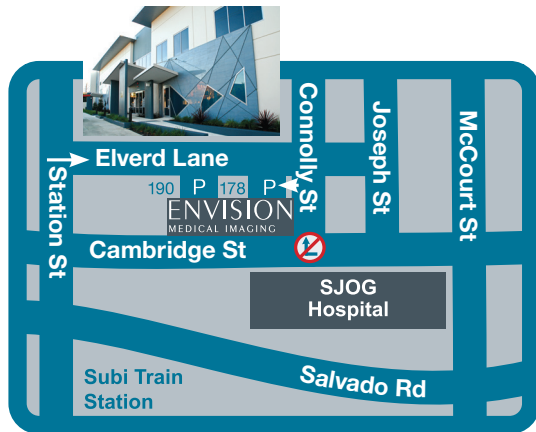
Copy to _____



Bookings: Tel: 08 6382 3824 | Fax: 08 6382 3800 | Email: mribookings@envisionmi.com.au

Hours of Operation: Monday to Friday 8.30am - 5.00pm | Saturday 8.00am - 1.00pm

(MRI is also available 5pm-9pm Mon-Thurs and on weekends by appointment)



63470 - MRI—scan of the pelvis for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for scan identifies that:

- (a) a histological diagnosis of carcinoma of the cervix has been made; and
- (b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater

63473 - MRI—scan of the pelvis and upper abdomen, in a single examination, for the staging of histologically diagnosed cervical cancer at FIGO stage 1B or greater, if the request for the scan identifies that:

- (a) a histological diagnosis of carcinoma of the cervix has been made; and
- (b) the patient has been diagnosed with cervical cancer at FIGO stage 1B or greater

MRI Rebateable Scans

63563 - MRI scan of the pelvis or abdomen, if the request for the scan identifies that the investigation is for:

- (a) sub-fertility that requires one or more of the following:
 - (i) an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or hysterosalpingogram;
 - (ii) an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery;
 - (iii) an investigation of recurrent implantation failure in IVF (2 or more embryo transfer cycles without viable pregnancy);

Or;
 (b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter (or any combination of the bowel, bladder or ureter), where the results of pelvic ultrasound are inconclusive.

Applicable not more than once in a 2 year period.

63549 - MRI scan of the pelvis or abdomen, for a patient with a multiple pregnancy, if:

- (a) the multiple pregnancy is at, or after, 18 weeks gestation; and
- (b) fetal abnormality is suspected; and
- (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the speciality of obstetrics; and
- (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and
- (e) the MRI service is requested by a specialist practising in the speciality of obstetrics

63454 - MRI scan of the pelvis or abdomen, for a patient who is pregnant, if:

- (a) the pregnancy is at, or after, 18 weeks gestation; and
- (b) fetal abnormality is suspected; and
- (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the speciality of obstetrics; and
- (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and
- (e) the MRI service is requested by a specialist practising in the speciality of obstetrics

63476 - MRI—scan of the pelvis for the initial staging of rectal cancer, if:

- (a) a phased array body coil is used; and
- (b) the request for the scan identifies that the indication is for the initial staging of rectal cancer (including cancer of the rectosigmoid and anorectum)

63740 - MRI—scan to evaluate small bowel Crohn's disease if the service is provided to a patient for:

- (a) evaluation of disease extent at time of initial diagnosis of Crohn's disease; or
- (b) evaluation of exacerbation, or suspected complications, of known Crohn's disease; or
- (c) evaluation of known or suspected Crohn's disease in pregnancy; or
- (d) assessment of change to therapy in a patient with small bowel Crohn's disease

63743 - MRI—scan for fistulising perianal Crohn's disease if the service is provided to a patient for:

- (a) evaluation of pelvic sepsis and fistulas associated with established or suspected Crohn's disease; or
- (b) assessment of change to therapy of pelvis sepsis and fistulas from Crohn's disease

