



Patient Details

Surname:

Given Names:

DOB:

Address:

Mobile: Home:

UR Number:

Clinical Notes

Full Protocol Abbreviated Protocol

CLAUSTROPHOBIC Yes No

MRI Safety Survey

No booking can be made unless completed by the referrer
HAS THE PATIENT HAD ANY OF THE FOLLOWING?

Renal Impairment	Yes	No
Pacemaker / Defibrillator	Yes	No
Aneurysm clips	Yes	No
Cochlear / ear implants	Yes	No
Metallic foreign body to eye	Yes	No
Other metallic / electronic device	Yes	No
TYPE:		

Referrer

I am NOT an HIC Recognised Specialist

Name:

Address:

Telephone: Fax:

Email:

Provider Number:

Signature: Date:

1. **For the detection of cancer in an asymptomatic patient (≤ 60 years) (632464)**

AND EITHER:

High risk breast cancer gene mutation on genetic testing (e.g. BRCA 1 or BRCA 2) in the patient or a first degree relative;

OR A first or second degree relative diagnosed with breast cancer at the age of 45 years or younger and another first or second degree relative on the same side of the family diagnosed with bone or soft tissue sarcoma at the age of 45 years or younger

OR A personal history of breast cancer before the age of 50 years old

OR A personal history of mantle radiation therapy

OR A lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm

2. **Follow up of an abnormality detected on a 63464 service performed within the last 12 months (63467)**

3. **Suspected occult breast cancer (63487)**

The patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and clinical examination and conventional imaging have failed to identify the primary cancer

4. **Anaplastic large cell lymphoma has been diagnosed and the patient has a breast implant in-situ (63547)**

NOTE: Benefits payable once only in a patient's lifetime

5. **Biopsy has not been possible (63531)**

The patient has a breast lesion and the results of conventional imaging examinations are inconclusive

6. **The results of breast MRI may alter treatment planning (63533)**

The patient has been diagnosed with breast cancer and discrepancy exists between clinical assessment and conventional imaging assessment

7. **Non-Medicare eligible study**

NOTE: A non-rebateable fee will apply

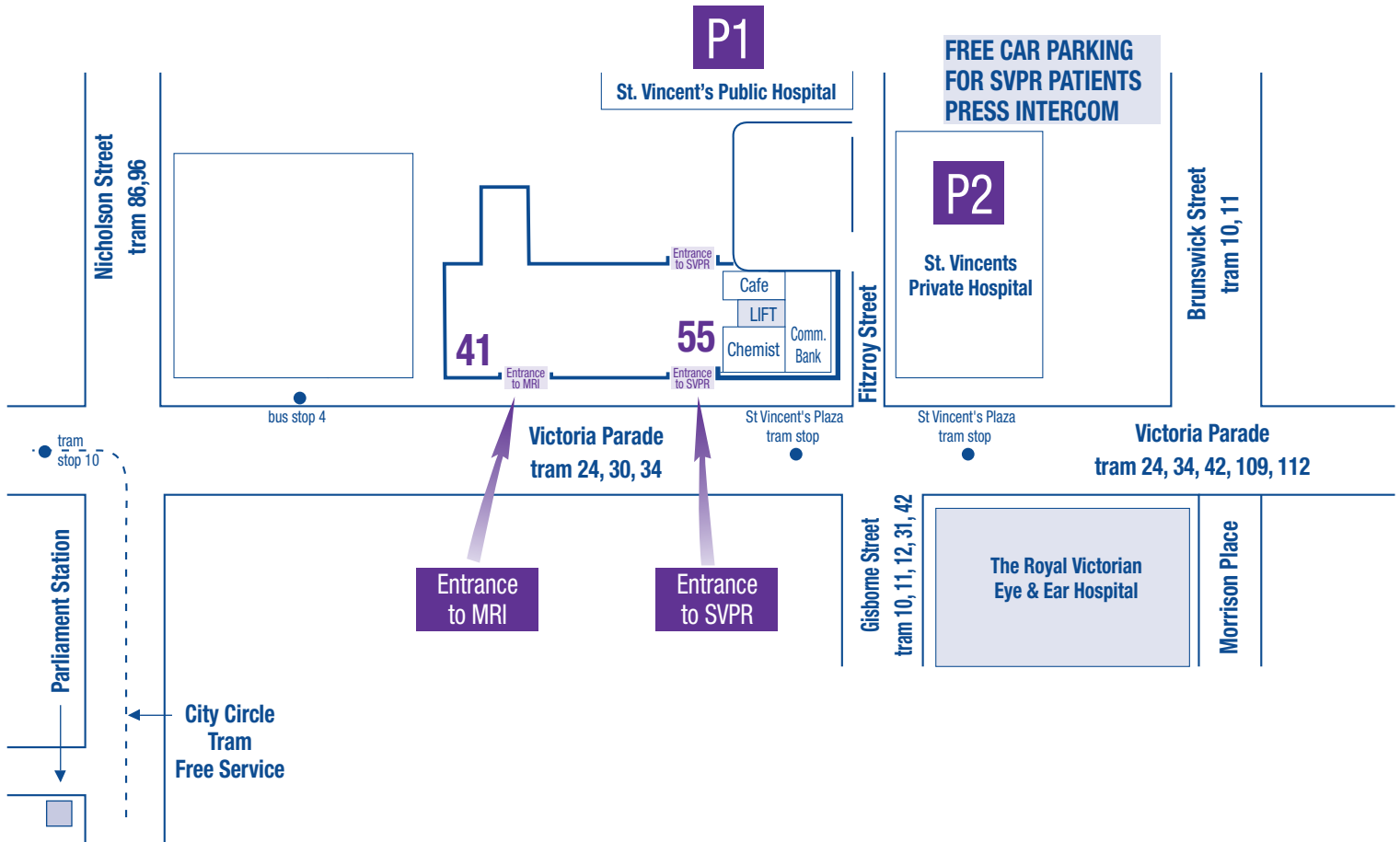
I understand that for a **non Medicare eligible scan** SVH MRI Centre will charge the patient the full cost of the examination directly, and the patient has been informed of this.

Copies of Report:

Your doctor has recommended that you use St. Vincent's MRI Centre. You may choose another provider but please discuss this with your doctor first.



OPERATING HOURS Monday-Friday 7.30am to 7.30pm • Saturday-Sunday 8.30am to 5.00pm



Any detailed preparation instructions will be provided at the time of booking.