

Copies of Report:

St Vincent's MRI Centre

Healy Wing, Basement Level, 41 Victoria Pde, Fitzroy VIC 3065

Tel: 9231 3056 Fax: 9231 3090

Compassion | Justice | Integrity | Excellence

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.

| Patient Details | INTERPRETER Requ | uired 🔲 | Arran | ged 🔲 | |
|--|--|------------------------------|-------------|---------------|--|
| Surname: | Language | | | | |
| Given Names: | Liver MRI | | | | |
| DOB: | EIVOI IVII II | | | | |
| Address: | Item 63545 A patient with known colorectal carcinoma with known, suspected or possible liver metastasis, for the purpose of characterisation or intervention planning, where the patient has had a mass lesion detected in the liver on previous CT scanning or ultrasound. | | | | |
| | | | | | |
| Mobile: Home: | | | | the patient | |
| UR Number: | | | | | |
| | | | | | |
| Clinical Notes | Item 63546 A patient with known or suspected hepatocelullar | | | | |
| | A patient with known or suspected hepatocelullar carcinoma for the purposes of diagnosis or staging where; - The patient has pre-existing chronic liver disease, confirmed by a specialist; and - Has an identified hepatic lesion over 10mm in diameter; and | | | | |
| | | | | | |
| | | | | | |
| | Has been assessed as having a Cl class A or B liver function. | | a Child-F | Child-Pugh | |
| | Class // Or B liver ic | riodori. | | | |
| | MRI Safety Survey No booking can be made unless completed by the referrer | | | | |
| | | | | | |
| HAS THE PATIENT HAD ANY OF THE | | | | | |
| | 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 | | | | |
| CLAUSTROPHOBIC Yes No | TYPE: | | | | |
| Referrer | | Office use only | | | |
| I am NOT an HIC Recognised Specialist □ | | Date received: | | | |
| Name: | | Viewed by: | | | |
| Address: | | Priority: | | | |
| Telephone: Fax: | | Exam type: | | | |
| Email: | | Contrast: Gadovist Primovist | | | |
| Provider Number: | | kday | Weekend | | |
| Signature:Date: | | MRI | 2 | MRI 3 | |
| Lunderstand that for a non Medicare eligible scan SVH MRI Centre will charge the nation | the full cost of the examination directly, as | nd the nationt h | ac boon inf | ormed of this | |

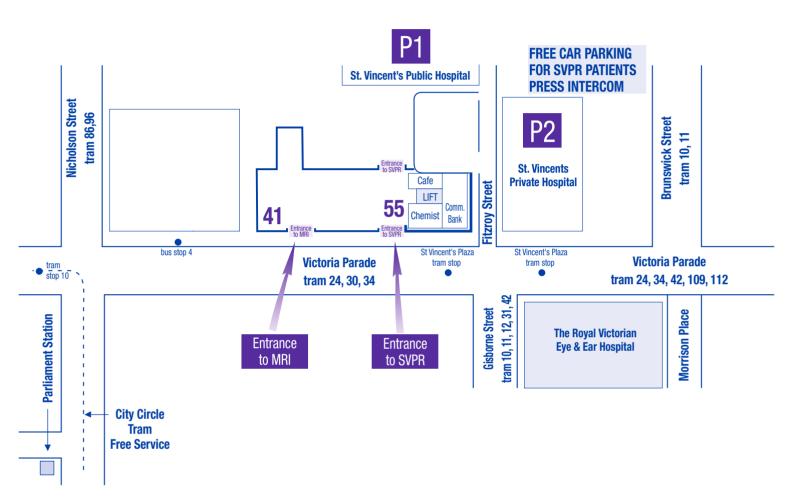
Tel: 9231 3056 Fax: 9231 3090



Tel: 9231 3056 Fax: 9231 3090 Inpatient Fax: 9231 3089

Compassion | Justice | Integrity | Excellence

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.

Tel: 9231 3056 Fax: 9231 3090