



Patient Details

Name DOB

Address Telephone (H)

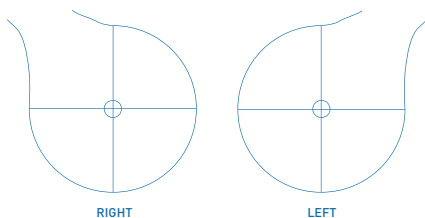
..... Telephone (M)

Diagnostic Request Diagnostic Services Requested

- | | | |
|--|------------------------------|--------------------------------|
| <input type="checkbox"/> Contrast Mammo + / - Ultrasound | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> Non-Contrast Mammo + / - Ultrasound | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> U/S | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> Stereotactic Biopsy | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> Hookwire under <input type="checkbox"/> RT | <input type="checkbox"/> U/S | <input type="checkbox"/> Mammo |
| <input type="checkbox"/> <input type="checkbox"/> LT | | |
| <input type="checkbox"/> Lymphoscintigraphy | <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> MRI <small>Please select Medicare criteria overleaf</small> | <input type="checkbox"/> RT | <input type="checkbox"/> LT |

Referral Details Reason for Referral and Clinical History

Clinical Details and Region(s)



Most Recent Renal Function Date: ____/____/____

eGFR: _____

Pathology company: _____

Required if > 65 years, HT, DM or known renal disease.

Referring Doctor's Details

Signature Date

Copy to

Internal use only

Pregnant	<input type="checkbox"/> Y <input type="checkbox"/> N
Front office check	<input type="checkbox"/>
Patient identification verified	<input type="checkbox"/>
Procedure and consent verified	<input type="checkbox"/>
Correct side and site verified	<input type="checkbox"/>
Examination justified?	<input type="checkbox"/>
Correct patient data & side markers	<input type="checkbox"/>
Tech name/position:	<input type="checkbox"/>

Thank you for referring your patient to Epworth Medical Imaging

Date Time

Location Other

For more information about your examination please visit epworthmedicalimaging.com.au

Your doctor has recommended you use Epworth Medical Imaging. You may choose another provider but please discuss this with your doctor first.

MRI REQUEST (TICK ONE) ☐ Patient **DOES** meet one of the below medicare rebateable criteria
☐ Patient **DOES NOT** meet one of the below medicare rebateable criteria

☐ **HIGH RISK - Initial scan < 50 years old | MRBRECI (RICHMOND)** (Patient is entitled to ONE Medicare rebated MRI per 12 month period)

Is the patient **UNDER 50 YEARS OF AGE** at time of scan? ☐ YES ☐ NO (If NO, patient is ineligible under this criteria)

☐ 3 or more first or second degree relatives on the same side of the family with breast or ovarian cancer

☐ 2 or more first or second degree relatives on the same side of the family with breast or ovarian cancer

ONE MUST APPLY TO ONE RELATIVE ☐ Bilateral breast cancer ☐ Breast cancer < 40 years ☐ Ovarian Cancer <40 years

☐ Breast AND Ovarian cancer in the SAME relative ☐ Ashkenazi Jewish Ancestry ☐ Breast cancer in a male relative

☐ 1 first or second degree relative diagnosed with breast cancer < 45 years PLUS another first or second degree relative on same side of the family with bone or soft tissue sarcoma < 45 years

☐ High risk cancer gene mutation on genetic testing

☐ **LESION KNOWN | MRBREBC1 (RICHMOND)** All THREE conditions must be met

☐ Known breast lesion ☐ Conventional imaging is inconclusive for breast cancer ☐ Biopsy not possible

☐ **MALIGNANCY | MRBREBC2 (RICHMOND)** All THREE conditions must be met

☐ Diagnosed with breast cancer ☐ Discrepancy between clinical assessment and conventional imaging of the lesion

☐ MRI may alter treatment planning

☐ **FOLLOW UP STUDY | MRBRECFU (RICHMOND)** BOTH conditions must be met

☐ Abnormality detected in an **MRI - High Risk (MRBRECI)** scan in the past 12 months ☐ For detection of cancer

☐ **NOT HIGH RISK OR KNOWN CANCER (FREEMASONS)** No rebate is available if risks not met

None of the above Medicare criteria apply

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