SUNSHINE COAST RADIOLOGY

Greater Sunshine Coast Public Outpatient Referral

Sunshine Coast Radiology is offering **REDUCED WAIT TIMES** for public patients.
Images sent back into selected PACS and report faxed to department.

PATIENT DETAILS

Name: _____ DOB: _____ Gender: _____

Address: _____

Phone: _____ Medicare No: _____ ☐ Do not send reports to My Health Record

REFERRERS: Please fax BOTH SIDES of this imaging request to **07 5430 3998** and we will contact the patient to schedule an appointment.

– OR –

PATIENTS: To make an appointment please email BOTH SIDES of this request to PO@imagingqueensland.com.au or phone 07 5479 0522.

☐ Tick if request faxed

IMAGE TRANSFER
Please tick for image transfer:

☐ Caloundra Health Service
☐ Gympie Hospital
☐ Nambour Hospital
☐ Sunshine Coast University Hospital
☐ Maleny Soldiers Memorial Hospital
☐ Other: _____

REFERRING DR

Name: _____

Hospital: _____

Department: _____

Fax: _____ **Phone:** _____

(Must be provided for report to be faxed)

Signature: _____

Copy to: _____ Date: _____

For **Bulk Billing** to apply, **Consultant** and **RMO** details **must** be provided.

Consultant's signature not required.

Consultant Name: _____

Provider Number: _____

RMO or Registrar Name: _____

MODALITY

☐ MRI (tick clinical indication on reverse)
☐ X-Ray
☐ CT Scan (please provide eGFR)
☐ CTCA (see reverse for criteria)
☐ Nuclear Medicine
☐ Ultrasound
☐ Liver Elastography
☐ Mammography
☐ Bone Densitometry

PROCEDURES

☐ Biopsies
☐ Spinal Injections (tick option, specify level & side below)
- ☐ Facet joint inj: Level _____ Side _____
- ☐ Nerve root inj: Level _____ Side _____
- ☐ Epidural steroid inj: Level _____

☐ Guided Injections

Specify region, clinical details and special instructions

DIAGNOSTIC REQUEST

☐ **PET with Diagnostic CT**
(Includes Head, Neck, Chest, Abdo, Pelvis, Thighs + Contrast, unless otherwise stated)

☐ PET without Diagnostic CT
(Includes localisation CT only, Vertex to Thigh)

Primary Site: _____ Histopathology: _____

INDICATIONS FOR MEDICARE ELIGIBLE PET

GA - 68

☐ PSMA *(Initial staging)*	*61563*
☐ PSMA *(Restaging)*	*61564*
☐ PSMA *(assess eligibility for Lutetium-177 PSMA therapy)*	*61528*

FDG

☐ Solitary Pulmonary Nodule	*61523*
☐ Breast *(Staging, locally advanced Stage III)*	*61524*
☐ Breast *(Suspected metastatic or recurrent)*	*61525*
☐ Non Small Cell Lung *(Staging of proven)*	*61529*
☐ Brain Tumour *(Malignant, suspected residual, recurrent)*	*61538*
☐ Brain *(Performed for diagnosis of Alzheimer's Disease)*	*61560*
☐ Colorectal Carcinoma *(Suspected residual metastatic, recurrent)*	*61541*
☐ Melanoma *(Suspected residual/recurrent, following initial therapy)*	*61553*
☐ Refractory Epilepsy	*61559*
☐ Ovarian *(Suspected residual, metastatic, recurrent)*	*61565*
☐ Uterine/Cervical *(Staging, FIGO stage 182 or greater)*	*61571*
☐ Uterine/Cervical *(Recurrent)*	*61575*
☐ Oesophageal/GOJ *(Performed for the staging of proven oesophageal or GEI carcinoma)*	*61577*
☐ Head & Neck *(Initial staging, recurrent)*	*61598*
☐ Head & Neck *(Residual)*	*61604*
☐ SCC *(Metastatic, unknown primary inv cervical nodes)*	*61610*
☐ Rare/Uncommon Cancer *(Initial staging)*	*61612*
☐ Rare/Uncommon Cancer *(Response/restaging)*	*61614*
☐ Lymphoma *(HL&NHL) (Initial staging) HL*	*61620*
☐ Lymphoma *(HL&NHL) (Response)*	*61622*
☐ Lymphoma *(HL&NHL) (Restaging recurrent)*	*61628*
☐ Lymphoma *(HL&NHL) (Prior to stem cell transplant)*	*61632*
☐ Bone/Soft Tissue Sarcoma *(Initial staging, excludes GIST)*	*61640*
☐ Bone/Soft Tissue Sarcoma *(Residual, recurrent, excludes GIST)*	*61646*

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Patient Label

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For specialised studies please tick the relevant clinical indications box below

Liver / Pancreas / Crohn's MRI

- ☐ **MRI Liver** Confirmed extra -hepatic primary malignancy (other than HCC) & CT liver is negative/inconclusive of metastatic disease & identification of liver metastases would change treatment planning. **(63545)**
- ☐ **MRI Liver** Known/suspected hepatocellular carcinoma & chronic liver disease & liver function Child-Pugh class A/B, & Hepatic lesion >10mm. **(63546)**
- ☐ **MRI Enterography** to evaluate small bowel Crohn's disease. **(63740)**
- ☐ **MRI Enteroclysis** for Crohn's disease using the placement of NG tube. **(63741)**
- ☐ **MRI Pancreas/biliary tree (MRCP)** for suspected biliary or pancreatic pathology. **(63482)**
- ☐ **MRI** for fistulating perianal Crohn's disease FOR evaluation of pelvic sepsis and fistulas. **(63743)**

Medical Imaging Final Check

- ☐ 3 Patient identification check verified
- ☐ Procedure & consent verified
- ☐ Correct side & site verified
- ☐ Pregnancy excluded

MIT initials: _____

Pelvis MRI

☐ **MRI Pelvis** for the investigation of:

a) sub fertility that requires one or more of the following:
   i. an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or HSG
   ii. an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery
   iii. an investigation of recurrent implantation failure in IVF; or

b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter where the results of pelvic ultrasound are inconclusive **(63563)**

- ☐ **MRI Pelvis** for staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater **(63470)**
- ☐ **MRI Pelvis & Upper Abdomen** for staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater **(63473)**
- ☐ **MRI Pelvis** for initial staging of rectal cancer **(63476)**

Breast MRI

- ☐ **MRI of both breasts** where the patient has a breast lesion, AND the results of conventional imaging examinations are inconclusive for the presence of breast cancer, AND biopsy has not been possible **(63531)**
- ☐ **MRI of both breasts** where the patient has been diagnosed with breast cancer, AND discrepancy exists bewteen clinical assessment and conventional imaging assessment, AND results of breast MRI may alter treatment planning **(63533)**
- ☐ **MRI of both breasts** for the detection of cancer **(63464)**

Where the patient is asymptomatic younger than 60 years of age and is either at high risk of developing breast cancer, due to one or more of the following:

a) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient,

b) both:
   i. 1 or more 1st or 2nd degree relatives was diagnosed with breast cancer at age 45 years or younger, AND
   ii. another 1st or 2nd degree relative on the same side of the patient's family diagnosed with bone or soft tissue sarcoma at age 45 years or younger

c) had onset of breast cancer before the age 50 years

d) has a personal history of mantle radiation therapy

e) has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm.

Prostate MRI for diagnosis (63541)

☐ a) DRE suspicious for prostate cancer; or

☐ b) Less than 70 years, at least two prostate specific antigen (PSA) tests performed within an interval of 1-3 months are greater than 3.0 ng/ml, and the free/total PSA ratio is less than 25% or the repeat PSA exceeds 5.5 ng/ml; or

☐ c) Less than 70 years, whose risk of developing prostate cancer based on family history is at least double the average risk, at least two PSA tests performed within an interval 1-3 months are greater than 2.0 ng/ml, and the free/total PSA ratio is less than 25%; or

☐ d) 70 years or older, at least two PSA tests performed within an interval of 1-3 months are greater than 5.5 ng/ml and the free/total PSA ratio is less than 25%.

Prostate MRI for surveillance (63543)

☐ Patient has not had a diagnostic mpMRI and is placed on active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and is not planning or undergoing treatment for prostate cancer.

CT Coronary Angiogram (57360)

☐ Patient has stable or acute symptoms consistent with coronary ischemia is at low to intermediate risk of an acute coronary event.

CT Coronary Angiogram (57364)

☐ At least one of the following apply to the patient:

a) Patient has stable symptoms and newly recognised LV systolic dysfunction of unknown aetiology
b) Requires exclusion of a coronary anomaly or fistula
c) Undergoing non coronary cardiac surgery
d) Requires assessment of the patency of coronary bypass grafts

Myocardial Perfusion Study

☐ a) The patient has symptoms of cardiac ischemia; and

☐ b) At least one of the following applies:
   i. the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information
   ii. the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information
   iii. the patient has had a failed stress echocardiography