



OBGYN Imaging Request

PATIENT DETAILS

Name:

DOB:

Address:

Phone No:

EXAMINATION REQUIRED

CLINICAL NOTES

MRI Medicare eligible scan

- 63470 MRI – **pelvis** for staging of **cervical cancer** at FIGO stage 1B or greater, if request identifies (R) (Contrast) (Anaes.)
Confirmed histological diagnosis; **and** patient diagnosed with cervical cancer at FIGO stage 1B or greater
- 63473 MRI – **pelvis and upper abdomen** (in single exam) for staging **cervical cancer** at FIGO stage 1B or greater, if request identifies (R) (Contrast) (Anaes.) :
Confirmed histological diagnosis; **and** patient diagnosed with cervical cancer at FIGO stage 1B or greater
- 63563 MRI scan of the **pelvis or abdomen**, if the request for the scan identifies that the investigation is for (R)(Contrast)(Anaes):
(a) sub-fertility requiring investigation of: suspected Mullerian duct anomaly seen in pelvic US or HSG; **and/or** uterine mass identified on pelvic US before surgery; **and/or** recurrent implantation failure in IVF (2 or more embryo transfer cycles)
(b) surgical planning of patient with known or suspected deep endometriosis involving the bowel, bladder or ureter (or any combination), where pelvic US was inconclusive
Applicable once in a 2 year period.
- 63564 MRI – **whole body scan** for the early detection of cancer (R) (Anaes.):
Requested in consultation with geneticist; **and** the request identifies that the patient has a high risk due to hTTP53rc syndrome

REFERRING DOCTOR

Name:

P/N:

Date:/...../.....

Signature: