North Shore Radiology & Nuclear Medicine

GYNAECOLOGY / PELVIC REQUEST FORM

NAME	**DOB**
ADDRESS	
CONTACT NUMBER	
INDICATION / CLINICAL HISTORY	

REBATABLE MRI SCANS: (Medicare rebate applies for applicable Medicare descriptors)	
MRI pelvis in a patient with histological diagnosis of carcinoma of the cervix of FIGO Stage 1B or greater	☐ **63470**
MRI pelvis and upper abdomen in a patient with histological diagnosis of carcinoma of the cervix of FIGO Stage 1B or greater	☐ **63473**
MRI pelvis - in a patient under 16 years of age for congenital uterine or anorectal abnormality	☐ **63446**

NON REBATABLE PELVIC MRI SCANS:
☐ **Ovarian or pelvic mass for further assessment**
☐ **Endometriosis**
☐ **Fibroid assessment**
☐ **MRI pelvis**

U/S & CT
☐ **U/S**
☐ **CT**

REBATABLE PET / CT SCANS: (Medicare rebate applies for applicable Medicare descriptors)	
Cervix Staging of FIGO stage IB2 (or greater) prior to planned curative radiation therapy or combined modality therapy	☐ **61571**
Cervix Restaging of confirmed local recurrence with planned curative salvage therapy or exenteration	☐ **61575**
Ovarian Restaging of suspected residual, metastatic or recurrent disease in pts considered suitable for active Rx	☐ **61565**
Colorectal Restaging of suspected residual, metastatic or recurrent disease	☐ **61541**
Sarcoma Staging of biopsy-proven disease (excluding GIST), considered to be potentially curable	☐ **61640**
Sarcoma Restaging of suspected residual or recurrent disease after initial therapy to access suitability for subsequent curative Rx	☐ **61646**
☐ **NON REBATABLE FDG / PET SCAN**	

Referrer name (specialist):			Provider no:
Ph:	Fax:	Signature:	Date: / /
Address:			CC report:

Your doctor has recommended that you use North Shore Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.