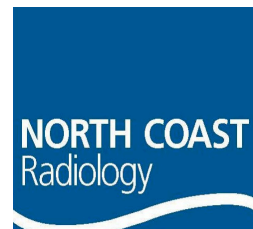


MRI Liver Referral

Serving our local community since 1974



PATIENT

Name Phone

Date of birth Gender F M Medicare No.

Address

Email address

1300 669 729

REQUEST Liver 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. **(only payable once per patient in a twelve-month period)**

REQUEST Liver Item 63546

A patient with known or suspected hepatocellular 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 Child-Pugh class A or B liver function

(only payable once per patient in a twelve-month period)

LISMORE
St Vincents Hospital
20 Dalley St
Fax. 02 8287 4734
mri@ncrad.com.au

Information about the scan

- Fast 6 hrs prior to appointment. 3 hrs if diabetic. Patient can drink small amount of water to stay hydrated.
- Patient will be asked to fill in a questionnaire whilst waiting.
- An injection of MRI contrast (Primovist) will be administered during the scan.
- Patient will present back to reception. There should be no after-effects from the scan but the patient will be encouraged to drink extra water throughout the day.

CLINICAL HISTORY

If renal impairment, recent eGFR=

MRI CHECKLIST	Yes	No	Details	<i>Please complete to assist with booking</i>
Pacemaker / Heart Valves				
Aneurysm Clips				
Cochlear / Ear Implants				
Metallic foreign body to eye				
Other metallic/electronic devices				
Are you pregnant?				

DOCTOR

Name Provider Number

Address

Date Phone Films

Email

Copy to

NCR are committed to sustainability. All images are available digitally

PATIENT

Please call patient to arrange appointment

Patient will call

[ZED Information](#)

Appointment Date:

Time:

[Images & report when complete \(ZED\)](#)

Preparation:

Please bring this form, Medicare and concessional cards to your appointment along with any previous relevant films.
Your medical practitioner has recommended you use NCR or CVI for quality imaging. You may choose another provider but please discuss this with your medical practitioner first.