

San Radiology & Nuclear Medicine

Scan QR code to request an appointment



San Radiology/MRI Level 3, Tulloch Building

Email: radiology@sah.org.au

Fax: 02 9480 9845

Nuclear Medicine/PET-CT Level 3, San Clinic

Email: nmadmin@sah.org.au

Fax: 02 9480 8755

Appointments: 02 9480 9840

Enquiries: 02 9480 9850

Specialist Breast Imaging Request

or Interventional Procedure Referral

Patient Name: _____

D.O.B: _____

Address: _____

Postcode: _____

Phone: _____

Mobile: _____

MRN: _____

BREAST IMAGING EXAMINATIONS (Please select region first then examination and/or procedure)

- Bilateral Right Left
(Axillae & chest wall routinely included)

2D/3D MAMMOGRAPHY AND ULTRASOUND:

- 2D/3D Mammography* + Breast

ULTRASOUND

- 2D/3D Mammography*
 Breast Ultrasound
 Contrast Enhanced Mammography (CEM)
 Contrast Enhanced Mammography (CEM) + 3D Mammography
* Includes Breast Density Assessment

BREAST MRI

- Standard Protocol
 Medicare Eligible
 Insert MBS Item _____
(Refer to the back of this form for MBS item numbers, criteria and indications)
 Non-Medicare Eligible
 RAPID Sequence Protocol (Non-Medicare Eligible)

BREAST INTERVENTIONAL PROCEDURES*:

- Ultrasound-guided Biopsy (FNA, Core, Vacuum Assisted)
 Mammographic-guided Vacuum Assisted Biopsy
 MRI-guided Biopsy

* Please accept this form as a referral for this patient for investigation, opinion, treatment and/or management of a condition or problem.

BREAST SURGERY PLANNING PROCEDURES*:

- Mammography guided
 Ultrasound guided
 Placement of Lesion Marker (+/- Post Procedural Mammo)
 Localisation (+/- Post Procedural Mammo)
 Hookwire Other
 Breast Lymphoscintigraphy (with SPECT/CT)

FDG PET-CT (Refer to the back of this form for criteria and indications):

- FDG for Staging (MBS Item 61524)
 FDG for Staging / Restaging (MBS Item 61525)

OTHER IMAGING EXAMINATIONS:

- NM TC-99m Whole Body Bone Scan (+/- SPECT-CT)
 Staging TC
 Other

PRECAUTIONS:

Pregnant? Yes No

Anticoagulants _____

Allergies _____

eGFR# _____

#for contrast only if >60 years or known renal impairment

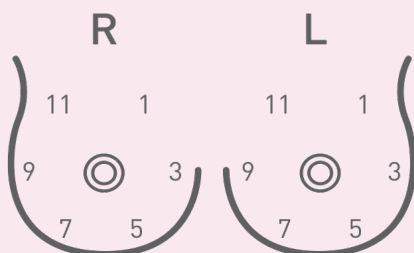
- with Diagnostic CT
 - as per protocol or specify region:

CLINICAL INFORMATION

Please include relevant clinical details and indicate on the breast image provided. (0) lump, (///) pain, (++++) scar, (|||||) thickening. Please provide pathology report where applicable.

REASON FOR ASSESSMENT

- Surveillance (family history, previous breast Ca)
 Thick/lumpy breast tissue
 Breast and/or axilla lump(s)
 Nipple change
 Skin change
 Risk Assessment
 Breast Pain



REFERRER DETAILS

Name: _____

Provider No: _____

Address: _____

Copy to: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

IF POSSIBLE PLEASE EMAIL, FAX OR SCAN THE QR CODE TO SEND THIS REQUEST AHEAD OF MAKING YOUR APPOINTMENT. PLEASE REMEMBER TO ALSO BRING THIS REQUEST FORM AND ANY RELEVANT PREVIOUS IMAGING.

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

- PLEASE TICK TO OPT OUT OF PRINTED IMAGES
 All images are available online

BREAST MRI / PET CT – MEDICARE ELIGIBLE INDICATIONS & CRITERIA

MBS ITEM	INDICATIONS
<input type="checkbox"/> 63464 [Restricted to once in a 12 month period]	Specialist or Consultant Physician request which must identify the patient as being: 1. a female under the age of 60 years; 2. asymptomatic; and 3. 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) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and (ii) another first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger; (c) the patient has a personal history of breast cancer before the age of 50 years; (d) the patient has a personal history of mantle radiation therapy; (e) the patient 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
<input type="checkbox"/> 63467 [Restricted to once in a 12 month period]	Specialist or Consultant Physician request where an abnormality was detected as a result of a screening MRI (item 63464) performed in the previous 12 months
<input type="checkbox"/> 63547 [Restricted to once in a lifetime]	Specialist, Consultant Physician or GP request for an MRI scan of both breasts for the detection of cancer, if the request for the scan identifies that: (i) the patient has a breast implant in situ; and (ii) anaplastic large cell lymphoma has been diagnosed
<input type="checkbox"/> 63487	Specialist or Consultant Physician request that identifies: (i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and (ii) clinical examination and conventional imaging have failed to identify the primary cancer.
<input type="checkbox"/> 63489	MRI scan of one breast, performed in conjunction with a biopsy procedure on that breast and an ultrasound scan of that breast, if: a. the request for the scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and b. the ultrasound scan is performed immediately before the MRI scan and confirms that the lesion is not amenable to biopsy guided by conventional imaging.
<input type="checkbox"/> 63531	MRI of both breasts where the patient has a breast lesion, the results of conventional imaging examination are inconclusive for the presence of breast cancer, and biopsy has not been possible.
<input type="checkbox"/> 63533	MRI of both breasts where the patient has been diagnosed with breast cancer, discrepancy exists between clinical assessment and conventional imaging assessment, and the results of breast MRI may alter treatment planning
<input type="checkbox"/> 61524	Whole body 18F-FDG PET study where the patient is referred by a specialist or consultant physician, performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.
<input type="checkbox"/> 61525	Whole body 18F-FDG PET study, where the patient is referred by a specialist or consultant physician, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.

***Medicare Definitions:**

1st degree relatives include: Mother, Father, Brother, Sister, Daughter, Son

2nd degree relatives include: Aunt, Uncle, Nephew, Niece, Grandparents, Half Sibling

Patient preparation will be emailed to the patient

MY APPOINTMENT DETAILS

Appt Date: ____ / ____ / ____ Appt Time: _____

Note: _____



HOW TO FIND US

San Radiology: Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P₁**

Nuclear Medicine | PET-CT: Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P₂**

Parkway San Clinic: Entry and exit to and from the Parkway San Clinic carpark is left in and left out only, on both Fox Valley Road and the Comenarra Parkway.

Examinations or Procedures	Sydney Adventist Hospital		Parkway San Clinic
	San Radiology – Level 3, Tulloch Building & Clark Tower	Nuclear Medicine – Level 3, San Clinic	Ground Floor, Suite G01
Bone Mineral Densitometry	✓	✗	✗
CT Scan (Non-Cardiac)	✓	✗	✓
CT Scan (Cardiac / CTCA)	✓	✗	✓
Echocardiography	✓	✗	✗
EOS (Long Length Imaging)	✓	✗	✗
Interventional Procedures	✓	✗	✓
Mammography 2D / 3D / Contrast Enhanced	✓	✗	✗
MRI - High Resolution (3T)	✓	✗	✗
Nuclear Medicine	✗	✓	✗
PET & PET-CT	✗	✓	✗
Theranostics	✗	✓	✗
Ultrasound	✓	✗	✓
Digital X-Ray	✓	✗	✓

