# Request form / Referral Breast Referral for Specialists



Patient Details	Date:	DOB:	Medicare No:			Please notify the following	
	Name:					<ul><li>☐ Breast Implants</li><li>☐ Claustrophobia</li></ul>	
tien	Address:		Phone:			☐ Any Brain or Heart Surgery	
Pa	Address.		riione.			☐ Cardiac Pacemaker	
Diagnostic Request  Reason for referral and clinical history					<ul> <li>☐ Internal Aneurysm Clips</li> <li>☐ Surgically Implanted Electronic Devices e.g. Cochlear Implants</li> <li>☐ Neurostimulators</li> <li>☐ Poor Kidney Function</li> </ul>		
Examination NOT ELIGIBLE for Medicare Benefits  Screening or assessment of known pathology that does not meet below criteria							
Breast Imaging  Breast Diagnostic Assessment - may include mammogram,			am,		MRI Examination of bre	easts NOT ELIGIBLE for	
	ultrasound, biopsy.  Previous breast cancer Significant family history of breast or ovarian cancer Symptoms or indications of breast			MRI Examinations ELIGIBLE for Medicare Benefits for			
				Specialists * Please see detailed description on the back			
	disease found on examinat the patient by a medical pr (indicate area on a diagran	1 //		<ul> <li>63464 (only payable once in a 12 month period)*</li> <li>Asymptomatic, less than 60 years of age and the patient is at high</li> </ul>			
				risk of developing breast cancer, due to one of the following:  Previous mantle radiation			
	Screening Mammography (with 3D tomosynthesis)				Risk estimation		
(No Medicare Rebate) Right Left					<ul><li>Genetic testing</li><li>Family history</li></ul>		
Breast Intervention					☐ Previous breast cancer		
	Guided Pre-operative Wire Localisation (Please discuss with Radiologist)			<ul> <li>63467 (only payable once in a 12 month period)*</li> <li>63487 (only payable once in a 12 month period)*</li> <li>63489 MRI Guided Breast Biopsy*</li> </ul>			
					63531*	<b>-</b>	
	T/CT 61524 Staging*				63533*		
	Staging for proven stage 3 bre	east cancer		☐ 63547 (only payable once in a lifetime)			
	☐ 61525 Evaluation* Suspected metastatic or recurrent breast cancer			The patient has a breast implant in situ and anaplastic large cell lymphoma has been diagnosed  63501, 63502 PIP Silicone Breast Implant (1 in 24 months)			
DAA							
BMD  ☐ Medicare rebatable					No implant rupture suspected 63504, 63505 PIP Silicone B		
	Screening				Implant rupture suspected	reast implant (diminited)	
Other				N			
				4			
				7			
	Practitioner's Name:				Right Left	Internal Lice Only	
ails	Address:				Internal Use Only  Yes No  Front office check		
S Det						Patient identification verified	
ner's						Procedure and consent verified	
titio						Correct side and site verified	
Prac	Signature:					Correct patient data and side markers	
Signature:  Copy to:						Tech initials:	
Refer	Copyto					Team leader signature:	
-	Copy to:						

Thank you for referring your patient to Queensland X-ray.



My Appointment

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Date:	
ïme:	
ocation:	
Other:	

For more information about your examination please visit qldxray.com.au

For bookings please call

 Brisbane
 1300 781 926

 Gold Coast
 1300 183 988

 Mackay
 4965 6200

 Townsville
 4759 2800

 Cairns
 4046 7800

 Toowoomba
 1300 770 151

or visit our website qldxray.com.au

## \*Explanation of MRI criteria:

#### 63464 (only payable once in a 12 month period)

For MRI of both breasts for the detection of cancer in a patient, if the request identifies that:

- (a) a dedicated breast coil is used; and (b) the patient is asymptomatic and is younger than 60 years of age; and (c) the patient is at high risk of developing breast cancer due to one or more of the following:
  - i. 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;
  - ii. both:
    - (A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; AND
    - (B) 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 vounger:
      - the patient has a personal history of breast cancer before the age of 50 years;
      - the patient has a personal history of mantle radiation therapy;
      - the patient has a lifetime risk estimation great than 30% or a 10 year absolute risk estimation great than 5% using a clinically relevant risk evaluation algorithm; **AND**
- (d) the service is not performed in conjunction with item 55076 or 55079

#### 63467 (only payable once in a 12 month period)

The person has had an abnormality detected as a result of a service described in item 63464 performed in the previous 12 months (follow-up imaging)

## 63487 (only payable once in a 12 month period)

The patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes and clinical examination and conventional imaging have failed to identify the primary cancer

#### 63489 MRI Guided Breast Biopsy

The patient has a suspicious lesion seen on MRI but not on conventional imaging; and an ultrasound scan of the affected breast, performed immediately before the biopsy, confirms that the lesion is not amenable to biopsy guided by conventional imaging.

### 63531

For 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.

#### 63533

For MRI of both breasts where the patient

- has been diagnosed with breast cancer, AND
- discrepancy exists between clinical assessment and conventional imaging assessment, AND
- the results of breast MRI may alter treatment planning.

## \*Explanation for PET/CT items:

#### 61524 Staging

For whole body 18F-FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.

# 61525 Evaluation

For whole body 18F-FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.

Access your images and results online. Let our friendly reception staff know you'd like to register for the Patient Portal. For more information, please visit qldxray.com.au/patients/results-portal/

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