Request Form

Whole Body MRI™

Patient Details

Name: _____

Date of Birth: _____

Sex at Birth: ◯ Male ◯ Female

Patient Contact Details

Address: _____

_____

Mobile: _____

Requested Imaging

3T Whole Body MRI with head-to-toe geometrically-corrected DWIBS performed at a minimum of b1000*

Including MRI Brain, SyMRI, MRI Liver Fat & Iron quantification, and MRI Spleen Volume

◯ Staging/ history of cancer (IV contrast)

◯ Asymptomatic screening (non-contrast)

Low-dose Spectral CT Chest*
+/- CT coronary calcium score

Additional Multi-Modality Screening

Tick screening requested. Additional fees apply. Screening packages are available at our partner clinic.

Metabolic Health

◯ Bone Mineral Density

◯ Body Composition, DXA

◯ US Liver Elastography

Endocrine Health

◯ US Thyroid

◯ US Neck

◯ US Abdomen

Reproductive Health

◯ MRI Breast

◯ MRI Prostate

◯ US Pelvis

◯ US Scrotum

Cardiovascular Health

◯ US Carotid Doppler

Eye Health

◯ US Retina

Referring Doctor Details

Name: _____

Location: _____

Provider No. _____

Phone No. _____

Copy of Report to

_____

_____

Referring Doctor's Signature

_____

REFERRAL DATE: _____

(Doctor's Name, Provider Number & Date are a legal requirement)

Clinical Notes

Please detail any history of cancer or current clinical concerns.

Location

Mermaid Beach Radiology
2469 Gold Coast Highway,
Mermaid Beach, QLD, 4218

Telephone: 07 56 199 499
Fax: 07 2102 5825
Email: info@mermaidbeachradiology.com.au
Website: mermaidbeachradiology.com.au

SCAN TO UPLOAD REFERRAL

Please note: the scan technology requested in this referral is exclusive to Whole Body MRI Pty Ltd partner clinics.
*Low CT Chest with SPECTRAL data average radiation dose of ~57 DLP (0.798 mSv). Dose delivered is body-size dependent.