

## Diagnostic Referral MRI/US/X-RAY

### Patient Details

Title		First Name		Surname	
Male <input type="radio"/>	Female <input type="radio"/>	DOB		Patient ID No.	
Address					
Postcode					
Tel Home		Mobile		Work	

**Examination Requested** MRI  US  X-Ray

**Preferred Radiologist/Radiology Group** *if any*

### Clinical Details/Provisional Diagnosis

Please include relevant laboratory results, drug history, previous surgical procedures and investigations


How would you like to receive the report? Post  Fax  Email

Please provide contact details:

### Billing information

Self pay  Insured  Other (Please give details)

<b>Safety checks</b> (to be completed for <b>all MRI requests</b> ) - <i>incomplete forms will be returned</i>	Yes	No
• Does the patient have a cardiac pacemaker?	<input type="radio"/>	<input type="radio"/>
• Has the patient had a cochlear implant or neurotransmitter?	<input type="radio"/>	<input type="radio"/>
• Does the patient have an intracranial aneurysm clip or a programmable ventriculoperitoneal shunt?	<input type="radio"/>	<input type="radio"/>
• Has the patient had surgery in the last 8 weeks? <i>If 'yes' to any of the above, we will be unable to proceed with the scan.</i>	<input type="radio"/>	<input type="radio"/>
• Does the patient have renal impairment? <i>If 'yes' an extrapolated GFR should be determined from the serum creatinine and discussed with Prime Health.</i>	<input type="radio"/>	<input type="radio"/>
• Is there a history of metallic foreign bodies in the patient's eyes? <i>If 'yes' it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, we will be unable to proceed with the scan</i>	<input type="radio"/>	<input type="radio"/>
• Does the patient have any tattoos? <i>If 'yes', patient should be made aware of the potential risk of burns with MRI</i>	<input type="radio"/>	<input type="radio"/>
• Is the patient breastfeeding? <i>If 'yes' intravenous contrast cannot be administered while breastfeeding and the patient should contact Prime Health.</i>	<input type="radio"/>	<input type="radio"/>
• Is the patient pregnant? <i>If &lt;4 months we will be unable to proceed with scan. If &gt;4 months the referring clinician should contact Prime Health.</i>	<input type="radio"/>	<input type="radio"/>

### Referrer's Name or Stamp

Signature	Date
PRINT NAME	

