



The Royal
Melbourne
Hospital

MRI Private Imaging Request

Radiology Appointments: 9342 7038
Nuclear Medicine Appointments: 9342 7480
Accounts: 9342 7028
Facsimile: 9342 7482
Website: www.thermh.org.au/services/medical-imaging/imaging-services/radiology

Private Medical Centre
The Royal Melbourne Hospital
Royal Parade Parkville Vic 3050
(location map & patient information over page)

Patient Details

Surname: Given Name:
Date of Birth: Phone Number: Mobile:
Address: Male ☐ Female ☐

REPORT

Fax ☐ Email ☐ Deliver ☐ Phone ☐

Report & Films return with patient ☐

IMAGE

Film ☐

CD ☐

Preferred Date/Month of Examination

(Referrer to complete):

☐ Next Available OR Month/Year

Copy Report to

CLINICAL INFORMATION

NO BOOKING will be made unless this section is completed and signed by the requesting doctor

- | | | | | |
|---|--|----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Brain | <input type="checkbox"/> C-Spine | <input type="checkbox"/> MRCP | <input type="checkbox"/> Hip | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Knee | <input type="checkbox"/> Elbow |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Aorta | <input type="checkbox"/> Ankle | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Brachial Plexus | <input type="checkbox"/> Breast | <input type="checkbox"/> Foot | <input type="checkbox"/> Other |

Clinical Details (must be included)

MRI SAFETY SURVEY

Previous Surgery in Region Requested ☐ Yes ☐ No

Is the patient pregnant? ☐ Yes ☐ No

Is the patient breast feeding? ☐ Yes ☐ No

Has the patient EVER had any of the following? (please tick)

Pacemaker +/- Pacing Wires ☐ Yes ☐ No

Heart Valve Replacement / Coronary Stents ☐ Yes ☐ No

Aneurysm Clip ☐ Yes ☐ No

Metallic fragments in eyes (e.g. from welding or grinding) ☐ Yes ☐ No

Insulin Infusion Pump ☐ Yes ☐ No

Cochlear Implants ☐ Yes ☐ No

VP Shunt ☐ Yes ☐ No

Breast Tissue Expander ☐ Yes ☐ No

Vascular Coil Stent or Filter ☐ Yes ☐ No

Neurostimulator ☐ Yes ☐ No

Eye Implants ☐ Yes ☐ No

Metallic Foreign Body ☐ Yes ☐ No

Endoscopic Haemostatic Clips ☐ Yes ☐ No

If **YES** to any of the above please provide make and model and supporting documentation:

MRI CONTRAST CHECK

Patient >65 yrs old ☐ Yes ☐ No

Renal Disease ☐ Yes ☐ No

Diabetes ☐ Yes ☐ No

High Blood Pressure ☐ Yes ☐ No

Liver Disease ☐ Yes ☐ No

If **YES** to any of the above provide:

eGFR: Date of result:

Referring Doctor Details

Name: Provider No: Date:

Address:

Telephone: Fax: Signature:

Radiology use Only

Protocol / Book Details

Code No. of slots 1 2 3 4

RADIOLOGIST TO COMPLETE

Is the patient safe for MRI? ☐ Yes ☐ 1.5T only ☐ 1.5T or 3T

☐ No Why:

Radiologist:

MIT Initials/Comments

Private Imaging

Appointment Details

Date: Time:

Please bring the following to your appointment:

- Medicare, DVA or current concession card
- **Previous x-rays and scans** (films or CDs) for comparison
- Completed MRI safety questionnaire

Preparation Instructions for Patients

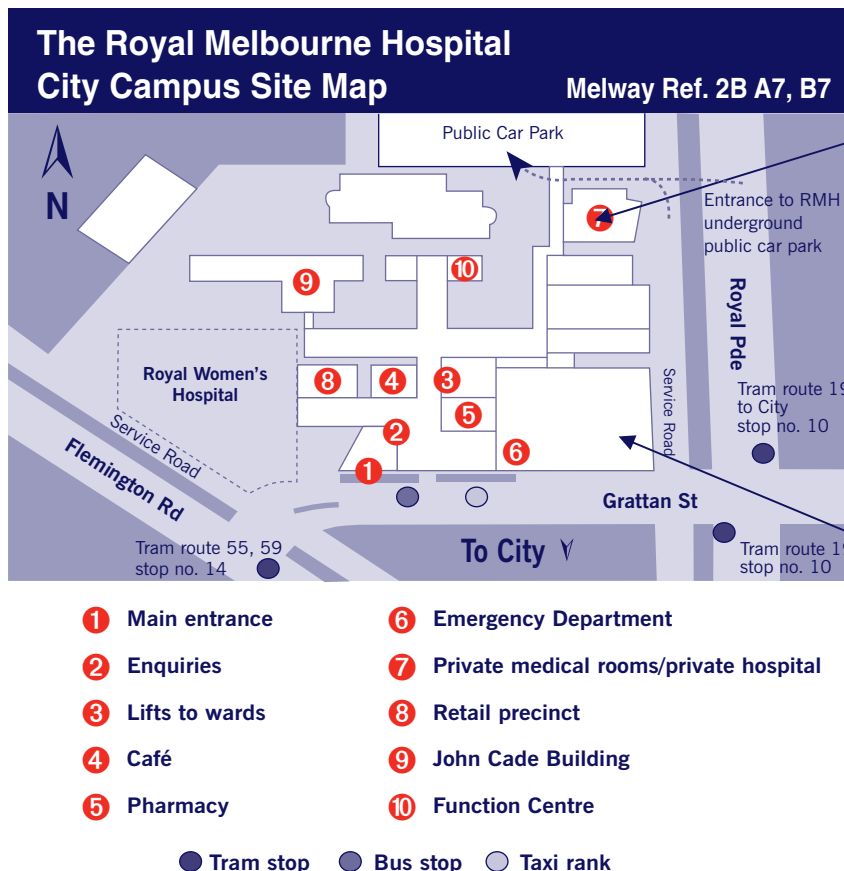
Detailed preparation instructions will be provided at the time of making an appointment.

On the day of your appointment please bring the completed MRI safety questionnaire.

Please advise us if you are diabetic when making an appointment.

Continue to take your medications as usual unless advised otherwise.

Instruction Notes



Private Imaging

Ground Floor of the
Private Consulting
Suites / Private Hospital
Phone 9342 7038

Public Radiology Department

Level 1, The Royal Melbourne
Hospital

ED Radiology Department

Ground Floor, The Royal
Melbourne Hospital
Phone 9342 2121