

UR _____
Patient's Name _____
 DOB ____/____/____ Phone _____
 Address _____

WD _____
 OPD _____
 Dr F'up appt
 ____/____/____

DATE ____/____/____	TIME _____	OFFICE USE ONLY
Booking Code _____	1.5 T <input type="checkbox"/> 3.0 T <input type="checkbox"/>	
Time Allocation _____		
Bloods Required Y <input type="checkbox"/> N <input type="checkbox"/>		

If the information requested on this form is not complete the MRI Examination WILL NOT be performed.

Screening Questions

Does the patient require an interpreter ?	Yes / No	If Yes, language
Has the patient had surgery in the last 6 weeks ?	Yes / No	If Yes, what?
Is the patient claustrophobic ?	Yes / No	If Yes, requires sedation? Yes / No
Are there any contra-indications to sedation? (eg cardio-pulmonary disease; protease inhibitors)	Yes / No	If Yes, what?

Does the patient have a/an Cardiac pacemaker or pacing wires?	Yes / No	
Implantable defibrillator ?	Yes / No	If Yes, MRI contra-indicated
Neurostimulator ?	Yes / No	
Cochlear implant, Stapes implant or other ear implant?	Yes / No	
Intracranial aneurysm clip ?	Yes / No	If Yes, MRI potentially contra-indicated*
Diabetes, hypertension, renal disease or is on Dialysis?	Yes / No	If Yes, provide eGFR _____ Date _____

Objects and conditions requiring further assessment: (PLEASE CIRCLE AND ADVISE DETAILS)

- Retained shrapnel / bullet / pellet: History of metal in the eye not removed by a doctor Yes / No _____
- Prosthetic Heart valves, cardiac or other vascular stent Yes / No _____
- IVC filter, vascular coils, surgical clips Yes / No _____
- Internal or external infusion pumps Yes / No _____
- Brain or spinal shunt tube (especially if programmable) Yes / No _____
- Penile implant, IUD Yes / No _____

EXAMINATION REQUIRED

CLINICAL NOTES

Referring Doctor
 Address
 Signed
 Provider No.
 Tel/Pager Date ____/____/____

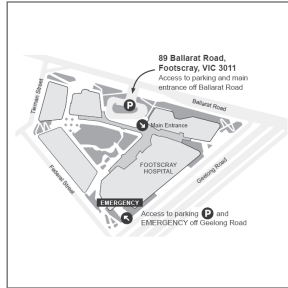


Western Health

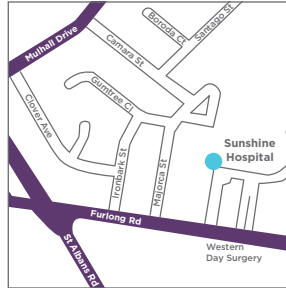
Western Health Medical Imaging

WESTERN HEALTH MEDICAL IMAGING SITES

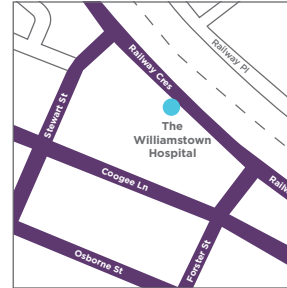
Footscray



Sunshine



Williamstown



Sunbury



Footscray Hospital
89 Ballarat Road
Footscray
Phone: 03 8345 6234
Fax: 03 8345 6325

Sunshine Hospital
176 Furlong Road
St Albans
Phone: 03 8345 6234
Fax: 03 8345 1665

Williamstown Hospital
Railway Crescent
Williamstown
Phone: 03 8345 6234
Fax: 03 9393 0306

Sunbury Community Hospital
7 Macedon Street
Sunbury
Phone: 03 8345 6234
Fax 03 7071 5842

EXAMINATIONS

Angiography	•	•		
CT	•	•	•	•
Fluoroscopy	•	•	•	
Mammography	•	•		
MRI	•	•		
Nuclear Medicine	•	•		
OPG	•	•		
Ultrasound	•	•	•	•
X-ray	•	•	•	•

MRI SPECIAL INSTRUCTIONS

MRI requires your referral before they can make an outpatient appointment for you. Referrals can be accepted by fax, post or in person. Our MRI bookings specialist will determine which MR machine is better suited to your examination requirements. Once the MRI department has received your referral, you will be contacted with a time and date for your examination. Please ensure your contact details are up to date on the referral form.

BULK BILLING

Western Health MRI will bulk bill all eligible Medicare patients, with no out of pocket costs, whose examination complies with Medicare Guidelines.