The Royal Melbourne Hospital
Private Imaging

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

☐ Brain	☐ C-Spine	☐ MRCP	☐ Hip	☐ Shoulder
☐ Pituitary	☐ Thoracic Spine	☐ Abdomen	☐ Knee	☐ Elbow
☐ Orbits	☐ Lumbar Spine	☐ Aorta	☐ Ankle	☐ Wrist
☐ Soft Tissue Neck	☐ Brachial Plexus	☐ Breast	☐ Foot	☐ Other

Clinical Details *(must be included)*

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: .....

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:

.....

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

The Royal Melbourne Hospital

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

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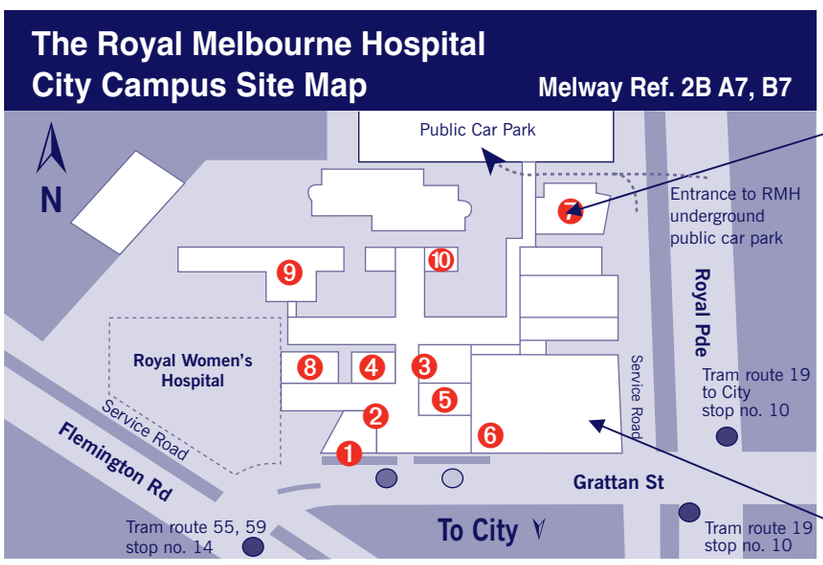

Private Imaging

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

The Royal
Melbourne Hospital

Private Imaging

MRI REFERRAL PAD ORDER FORM

FAX TO: (03) 9342 8369

OR

CONTACT: MARY LAMBERT 0437 852 032

Please send me _____ new referral pad(s)

Drs Name: _____

Provider No. _____

Address: _____

_____

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