ST VINCENT'S HOSPITAL
MELBOURNE

St Vincent's MRI Centre
Healy Wing, Basement Level, 41 Victoria Pde, Fitzroy VIC 3065
Tel: 9231 3056 Fax: 9231 3090

Compassion | Justice | Integrity | Excellence

Patient Details

Surname: .....
Given Names: .....
DOB: .....
Address: .....
.....
Mobile: ..... Home: .....
UR Number: .....

Hosp: .....
Ward: .....
Unit: .....

Walk ☐
Chair ☐
Bed ☐
IV ☐

INTERPRETER
Language .....
Required ☐
Arranged ☐

Public ☐ Pension ☐ Veteran Affairs ☐ Private ☐
M/CARE or VA No: .....
Workcare ☐ TAC ☐ Overseas ☐
INSURANCE Co: .....
Claim No: .....

Clinical Notes

CLAUSTROPHOBIC ◯ Yes ◯ No

Regions to be Imaged

MRI Safety Survey

No booking can be made unless completed by the referrer

HAS THE PATIENT HAD ANY OF THE FOLLOWING?

Renal Impairment	◯ Yes	◯ No
Pacemaker / Defibrillator	◯ Yes	◯ No
Aneurysm clips	◯ Yes	◯ No
Cochlear / ear implants	◯ Yes	◯ No
Metallic foreign body to eye	◯ Yes	◯ No
Other metallic / electronic device	◯ Yes	◯ No

TYPE:

Office use only

Date received:
Viewed by:
Priority:
Exam type:
Contrast: Yes No
Weekday Weekend
MRI 1 MRI 2 MRI 3

Referrer

I am NOT an HIC Recognised Specialist ☐

Name: .....
Address: .....
.....
Telephone: ..... Fax: .....
Email: .....
Provider Number: .....
Signature: ..... Date: .....

I understand that for a **non Medicare eligible scan** SVH MRI Centre will charge the patient the full cost of the examination directly, and the patient has been informed of this.

Copies of Report: .....

Your doctor has recommended that you use St. Vincent's MRI Centre. You may choose another provider but please discuss this with your doctor first.

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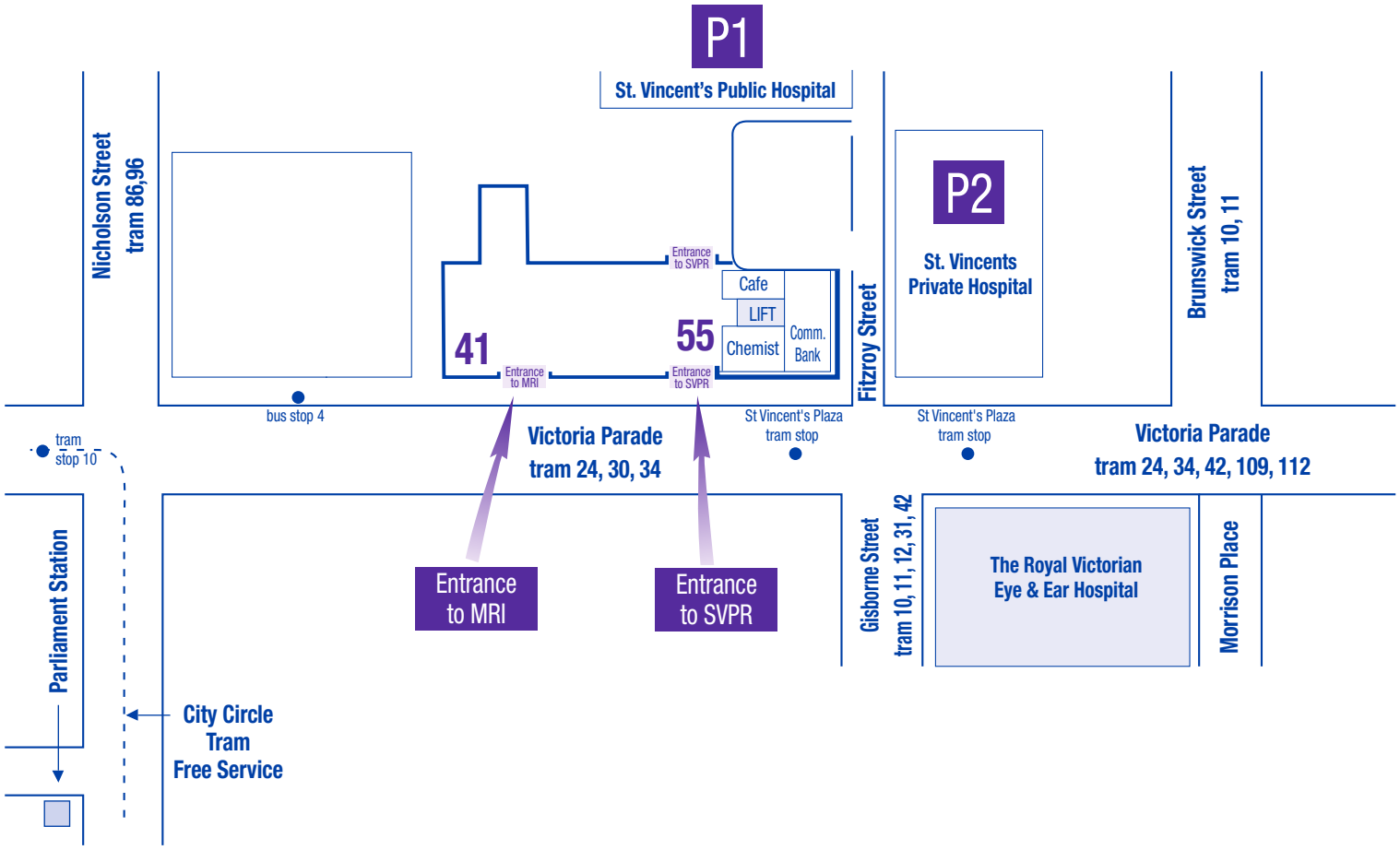
OPERATING HOURS **Monday-Friday** 7.30am to 7.30pm • **Saturday-Sunday** 8.30am to 5.00pm



Any detailed preparation instructions will be provided at the time of booking.

SVPR027_02/2019