



MRI REQUEST FORM

PATIENT DETAILS

NAME: _____ D.O.B _____

ADDRESS: _____ TEL: _____

WARD _____ ORDER NO. _____ INSURANCE DETAILS: _____

Infection Prevention and Control Precautions required YES / NO

REGION TO BE EXAMINED: _____
CLINICAL DETAILS: _____
REF. DR. _____ DATE: _____

MRI CONTRAINDICATIONS: Due to the nature of the magnetic field present during MRI scanning the following are definite contra-indications: Ferromagnetic aneurysm clips, nuero-stimulators, eye and cochlear implants, pacemakers and other implanted ferromagnetic implants and electrical devices. Patients who have been employed as metal workers or as welders, or who have a history of metal ocular foreign bodies will require X-rays of the orbits. Report and films should accompany this request.

	YES	NO
1: Have you a cardiac pacemaker or an artificial heart valve?	___	___
2: Do you have any aneurysm clips (clips on blood vessels)?	___	___
3: Do you have cochlear (ear) implants or hearing aids?	___	___
4: To be answered by spinal MRI patients. Have you had surgery on your spine?	___	___
5: Have you had any replacement joints or metal implants?	___	___
6: Do you have any shrapnel (metal fragments) from an injury?	___	___
7: Do you wear dentures with metal or dental work which are removable?	___	___
8: Have you ever done any welding or metal work ?	___	___
9: Do you suffer from epilepsy or recently had a fit?	___	___
10: Are you wearing a spinal or pain stimulator?	___	___
11: To be answered by women of childbearing age. Could you be pregnant?	___	___

I confirm that I have read the above and that it is correct to the best of my knowledge and belief.

PATIENT'S SIGNATURE: _____ DATE: _____