

Appointment Date	Midland MRI Use Only		
	Anglesea Supervised	Lomas Unsupervised	Meade
Appointment Time	Radiologist		
	Appt duration		
	Waitlist		
	MIT		
	Special Prep		

Anglesea Imaging Centre
 11 Thackeray Street
 Phone: 07 957 6050 or 0800 687 674
 Fax: 07 957 6051

Waikato Hospital
 Lomas Building & Meade Clinical Centre, Pembroke St
 Phone: 07 858 0990 ext 94990
 Fax: 07 858 0991

MRI Scan Request Form

Contact Details			Date of Birth
SURNAME			NHI
FIRST NAME(S)			ACC approval number
Address	Phone (h) (mob)	Email	Medical Insurance Company <small>PRIOR APPROVAL RECOMMENDED</small>
Referring Doctor	Signature	Date	CC Results CD to <input type="checkbox"/> Doctor <input type="checkbox"/> Patient

Scan Requested	Does your patient have:
<input type="checkbox"/> Brain <input type="checkbox"/> Acoustic Protocol <input type="checkbox"/> Pituitary Protocol <input type="checkbox"/> MS Screen <input type="checkbox"/> C Spine <input type="checkbox"/> T Spine <input type="checkbox"/> L Spine <input type="checkbox"/> Extremity	<input type="checkbox"/> MR Brain and Cerebral MRA <input type="checkbox"/> MR Brain and Carotid and Cerebral MRA <input type="checkbox"/> Cerebral MRA <input type="checkbox"/> Carotid MRA <input type="checkbox"/> Aortic MRA <input type="checkbox"/> Renal MRA <input type="checkbox"/> Peripheral MRA <input type="checkbox"/> MRA other region
<input type="checkbox"/> Joint	<input type="checkbox"/> Chest <input type="checkbox"/> Breast <input type="checkbox"/> Cardiac <input type="checkbox"/> Other Region
<input type="checkbox"/> Arthrogram <input type="checkbox"/> Abdomen <input type="checkbox"/> Liver <input type="checkbox"/> MRCP <input type="checkbox"/> MRE <input type="checkbox"/> Pelvis	A heart pacemaker/ICD? <input type="checkbox"/> Yes <input type="checkbox"/> No Pacing leads or wires? <input type="checkbox"/> Yes <input type="checkbox"/> No Cerebral aneurysm clips/coils? <input type="checkbox"/> Yes <input type="checkbox"/> No Hx of Intraocular foreign bodies? <input type="checkbox"/> Yes <input type="checkbox"/> No Neuro electrical stimulators? <input type="checkbox"/> Yes <input type="checkbox"/> No Any metal in the body? <input type="checkbox"/> Yes <input type="checkbox"/> No Renal impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No eGFR

Clinical Details