MRIREFERRAL NMDHB and PACIFIC RADIOLOGY - NELSON Joint MRI Service

TITLE SURNAME GIVEN NAMES DOB ADDRESS CONTACT PHONE NUMBER EXAMINATION REQUESTED CLINICAL DETAILS Priority: Urgent Semi-urgent Routine Date of Injury: DOES THE PATIENT HAVE? • Cardiac Pacemaker No Yes Private Patient • Cerebral Aneurysm Clip No Yes Private Patient • Epicardial Pacing Wires No Yes Pes Phealth Ins No. • Intraorbital Foreign Bodies No Yes Pes ACC No. • Neurocerebral Stimulators No Yes REFERRER SIGNATURE NEMARY OPP DOB WARD / OPD WARD / OP			
ADDRESS CONTACT PHONE NUMBER EXAMINATION REQUESTED CLINICAL DETAILS Priority:	TITLE SURNAME		NHI NUMBER
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EXAMINATION REQUESTED CLINICAL DETAILS Priority:	ADDRESS		
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Priority: Urgent Semi-urgent Routine Date of Injury: DOES THE PATIENT HAVE? • Cardiac Pacemaker No Yes Public Patient • Cerebral Aneurysm Clip No Yes Private Patient • Epicardial Pacing Wires No Yes Health Ins No. • Intraorbital Foreign Bodies No Yes ACC No.	EXAMINATION REQUESTED		
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Epicardial Pacing Wires No Yes Health Ins No. Health Ins No. ACC No. Neurocerebral Stimulators No Yes	Cardiac Pacemaker	No Yes	Public Patient
Intraorbital Foreign Bodies	Cerebral Aneurysm Clip	No Yes	☐ Private Patient
Neurocerebral Stimulators No Yes	Epicardial Pacing Wires	No Yes	☐ Health Ins No.
	• Intraorbital Foreign Bodies	No Yes	☐ ACC No
REFERRER SIGNATURE NZMC NUMBER	Neurocerebral Stimulators	No Yes	
	REFERRER	SIGNATURE	NZMC NUMBER
GENERAL PRACTITIONER COPY OF REPORT DATE	GENERAL PRACTITIONER	COPY OF REPORT	DATE



Nelson Marlborough District Health Board

Providing service to:

- Inpatients
- · Outpatients seen in OPD

NB Private patients referred via OPD are not funded

Radiology Department Nelson Hospital

Phone 546 1816

Fax 546 1940



Racific Radiology

Providing service to:

- Health Insurance Holders
- · Private fee paying patients

The Collingwood Centre 105 Collingwood St, Nelson 7010 Phone 548 2218 Fax 546 7284

MRI SAFETY AND CONSENT

Precautions

- Remove all metal objects: watches, jewellery (including body piercing), cards with magnetic strips, metal dentures, hearing aids and hair clips.
- Inform the MRT if you have tattoos or nicotine patches.

I hereby consent to undergo a Magnetic Resonance Imaging (MRI) examination
I understand the nature of the examination; the above precautions and confirm the following responses:

				No	Yes	Details	
	•	Do you have a heart pacemaker?					
	•	Have you ever had cardiac or brain surgery?					
	•	Do you have surgical clips or a metallic fore					
	Are you wearing a neuroelectrical stimulator?						
	•	Have you ever had metallic fragments in you					
	•						
	•	Do you have a joint replacement or a metal					
Do you wear callipers or other external devices containing metal?							
	Do you have a hearing aid or cochlear implant?						
	•	Are you (or is there a possibility you may be)	pregnant?				
Patient name Signature of patient, parent or guardian		name	Name and relationship of p	parent or guardian Date			
Sig	ınatur	re of patient, parent or guardian	Signature of MRT			Date	
In Yo inj we	trav ur M ectec	re of patient, parent or guardian renous Gadolinium Injection Conse RI examination involves the use of a contras d into an arm vein to outline blood vessels lerated. Side effects associated with Gadolin ally mild and short-lived. Side effects include evere reactions are rare and include shortnes	nt It agent called Gadoliniur and organs. Gadolinium ium are uncommon (seer nausea, vomiting, a skin	contr in 1- rash a	ich is rast is -2% o	a fluid that is generally very f people) and tin discomfort.	
In Yo inj we are Mo	trav ur M ectec ell tol e usua ore se	renous Gadolinium Injection Conse RI examination involves the use of a contrast d into an arm vein to outline blood vessels lerated. Side effects associated with Gadolin ally mild and short-lived. Side effects include	nt It agent called Gadolinium and organs. Gadolinium ium are uncommon (seer nausea, vomiting, a skin s of breath, chest tightnes us Gadolinium injec	contr in 1- rash a ss and tion	ich is rast is -2% o and sk I facia	a fluid that is generally very f people) and in discomfort. Il swelling.	
In Yo inj we are Mo	trav ur M ectec ell tol e usua pre se ndere	renous Gadolinium Injection Conse RI examination involves the use of a contrast d into an arm vein to outline blood vessels lerated. Side effects associated with Gadolin ally mild and short-lived. Side effects include evere reactions are rare and include shortnes by consent to receive an intraveno	nt It agent called Gadolinium and organs. Gadolinium ium are uncommon (seer nausea, vomiting, a skin s of breath, chest tightnes us Gadolinium injec	contr in 1- rash a ss and tion this co	ich is rast is -2% o and sk I facia onsen	a fluid that is generally very if people) and kin discomfort. il swelling.	