

MRI REFERRAL

NMDHB and PACIFIC RADIOLOGY - NELSON Joint MRI Service

TITLE	SURNAME	NHI NUMBER
GIVEN NAMES	DOB	
ADDRESS		
CONTACT PHONE NUMBER	WARD / OPD	

EXAMINATION REQUESTED

CLINICAL DETAILS

Priority: Urgent Semi-urgent Routine Date of Injury:

DOES THE PATIENT HAVE?

- | | | |
|-------------------------------|-----------------------------|------------------------------|
| • Cardiac Pacemaker | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Cerebral Aneurysm Clip | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Epicardial Pacing Wires | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Intraorbital Foreign Bodies | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| • Neurocerebral Stimulators | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

- | |
|--|
| <input type="checkbox"/> Public Patient |
| <input type="checkbox"/> Private Patient |
| <input type="checkbox"/> Health Ins No. |
| <input type="checkbox"/> ACC No. |

REFERRER	SIGNATURE	NZMC NUMBER
GENERAL PRACTITIONER	COPY OF REPORT	DATE



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



Providing service to:

- ACC
- 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 foreign body in your head?			
• Are you wearing a neuroelectrical stimulator?			
• Have you ever had metallic fragments in your eye?			
• Do you have shrapnel or any gunshot injuries?			
• Do you have a joint replacement or a metal implant?			
• 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

Name and relationship of parent or guardian

Signature of patient, parent or guardian

Signature of MRT

Date

Intravenous Gadolinium Injection Consent

Your MRI examination involves the use of a contrast agent called Gadolinium, which is a fluid that is injected into an arm vein to outline blood vessels and organs. Gadolinium contrast is generally very well tolerated. Side effects associated with Gadolinium are uncommon (seen in 1–2% of people) and are usually mild and short-lived. Side effects include nausea, vomiting, a skin rash and skin discomfort. More severe reactions are rare and include shortness of breath, chest tightness and facial swelling.

I hereby consent to receive an intravenous Gadolinium injection.

I understand the information provided and recognise my ability to withdraw this consent at any time.

Patient name

Name and relationship of parent or guardian

Signature of patient, parent or guardian

Signature of MRT

Date