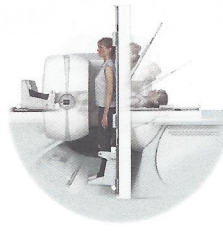


BRIGHTON RADIOLOGY

www.brightonradiology.com.au

Musculoskeletal Imaging Request

130 Male Street
Brighton VIC 3186



BAYSIDE STANDING MRI

www.baysidestandingmri.com.au

Phone: (03) 9592 3319

FAX: (03) 9593 1876

Patient Details

Mr Mrs Dr Other: _____

First name: _____

Last name: _____

Date of Birth: _____

Male Female Mixed

Height: _____ Weight: _____

Address: _____

Postcode: _____

Mobile Phone: _____

Musculoskeletal Imaging Request Details

Modality required: General X-Ray Long View X-Ray CT
 Orthopaedic Tomosynthesis Ultrasound MRI

Regions required:

(For Lumbar Spine, Lower Thoracic Spine, Cervical Spine & Knees MRI, please specify if an Upright MRI scan is also required)

Any other Clinical Details/Queries:

Urgency

Urgent Non-urgent

Relevant previous imaging

None Film Digital

Referring Practitioner's Details

Mr Mrs Dr Other: _____

Referrer name: _____

Specialty / Profession: _____

Provider Number: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____

Receive report method? Email Fax

Receive images method? CD Online Viewer Film

- If Film required for Long View X-Ray, images will be cropped
- Additional charges apply for all film

Signature: _____ Date: _____

Safety Check

Is there any chance the patient may be Pregnant? (Female Only)
 Yes No (If 'yes' - Only MRI & Ultrasound can be performed)

Does the patient have a cardiac pacemaker/defibrillator?
 Yes No (If 'yes' - MRI scans cannot be performed)

Does the patient have a cochlear implant or neurostimulator?
 Yes No (If 'yes' - MRI scans cannot be performed)

Does the patient have a ventriculoperitoneal shunt?
 Yes No (If 'yes' - MRI scans cannot be performed)

Does the patient have an intracranial aneurysmal clip?
 Yes No (If 'yes' - MRI scans cannot be performed)

Has the patient had surgery in the last 6 weeks?
 Yes No (If 'yes' - MRI scans cannot be performed)

Has the patient had a stapedectomy?
 Yes No (If 'yes' - upper body MRI scans cannot be performed)

Does patient have an inserted pump/device?
 Yes No (If 'yes' - unable to perform MRI scan in area of pump/implant/device)