



MEDICAL IMAGING DEPARTMENT

Medical Imaging Department – Magnetic Resonance Imaging (MRI)
Level 0, Barker Street, Randwick NSW 2031

Telephone: (02) 9382 0300 Fax: (02) 9382 2340

REQUEST FOR OUTPATIENT MRI EXAMINATION

A booking for an MRI examination can be made by faxing this request to the MRI Unit on 9382 2340

MRN: _____

Surname: _____

Given Name: _____

DOB: _____ Male: _____ Female: _____

Contact Number: _____

Address: _____

Interpreter (If needed): Yes No

Language: _____

GA required: Yes No

Sedation required: Yes No

Region for MRI:

- Brain C Spine Shoulder Cardiac
- MRA T Spine Hip MRCP
- L Spine Knee Liver
- Right Pelvis
- Left
- Other _____

Indication:

- Congenital
- Tumour
- Inflammation / Infection
- Metabolic
- Stroke
- Epilepsy
- Trauma
- Degenerative

Clinical Details

Details are essential in order to perform an accurate examination, directed at a specific clinical problem.

Referring Dr: _____ Speciality: _____

Address for report: _____

Tel. No: () _____ Fax. No: () _____ Provider No: _____

Signature of Referring Doctor: _____ Date: _____ Pager/ext.: _____

Relevant X-rays or Scans must accompany the patient to the MRI Unit

OFFICE USE ONLY

Protocol: _____ Ep. No: _____ Episode by: _____

Radiographer: _____ Scan checked by: _____

Recall requested by: _____

Reported by: _____ Codes: _____

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1 2 3

Date: _____

Time: _____