Appointment Date:	Appointment Time:

Midland MRI Limited

PO Box 553, HAMILTON

Anglesea Clinic
cnr Anglesea & Thackeray Sts
HAMILTON

Waikato Hospital
Pembroke St Entrance

Phone: 07-957 6050
or 0800 687 674
Fax: 07-957 6051

MRI Scan Request Form

Surname:

Date of Birth:

First Names:

NHI:

Postal Address:

ACC approval number:

Prior approval required

Medical Insurance Company:

Prior approval recommended.

Phone: (H) (W)

Requestor:

Signature:

Date:

CC Results:

Films to: ☐ Doctor ☐ Patient

Clinical Details:

Scan Requested:

- ☐ Brain
- ☐ C Spine
- ☐ T Spine
- ☐ L Spine
- ☐ Extremity .....
- ☐ Joint .....
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Breast
- ☐ Other region .....

MR Angiogram:

- ☐ Cerebral MRA
- ☐ Carotid MRA
- ☐ Aortic MRA
- ☐ Renal MRA
- ☐ Peripheral MRA
- ☐ MRA other region .....

Special Package requested:

- ☐ MR Brain and Cerebral MRA
- ☐ MR Brain and Carotid MRA
- ☐ MR Brain and Carotid and Cerebral MRA
- ☐ Acoustic Protocol
- ☐ Pituitary Protocol
- ☐ MS Screen
- ☐ MRCP Biliary Tract

Does your patient have:

A heart pacemaker?	☐ Yes	☐ No
Cerebral aneurysm clips?	☐ Yes	☐ No
Hx of cardiac surgery?	☐ Yes	☐ No
Hx of Intraocular foreign bodies?	☐ Yes	☐ No
Neuro electrical stimulators?	☐ Yes	☐ No
Any metal in the body?	☐ Yes	☐ No
Renal impairment?	☐ Yes	☐ No

Serum Creatinine .....

Please bring any previous X rays or Scans