River RADIOLOGY
Patient Focussed • Problem Oriented

MRI Referral Form

1. MRI

Musculoskeletral

☐ Shoulder ☐ Arthrogram

☐ Wrist ☐ Arthogram

☐ Hip ☐ Arthrogram

☐ Knee

☐ Other

Spinal

☐ Cervical ☐ Thoracic

☐ Lumbar ☐ Lumbar Chiro/GP Series

Head/Neck

☐ Brain ☐ Brain + Carotids

☐ Pitiutary

Body

☐ Liver ☐ Adrenal

☐ MRCP ☐ Pelvis

☐ Prostate ☐ Whole Body Screen

Vascular

☐

2. Patient Information

Name

Address

Suburb Date of Birth

Phone Mobile

NHI# ACC#

INS#

3. Referrer Information

Name

Phone

Signature Date

4. Clinical Indication

Please include relevant patient history | imageing history | pace maker or important history

P: (07) 839 1800 F: (07) 839 1810

A: **Hood St Clinic**, 30 Hood St, Hamilton 3204

Please return by fax and an appointment will be arranged or call us direct.

Please see overleaf for location of Hood Street Clinic