Cardiac MRI referral

Subject details

Name: ..... **Male:** ☐ **Female:** ☐ **Date of birth:** .....

Address: .....

.....

T: ..... **M:** ..... **E:** .....

Requesting practitioner

Name: .....

Address: .....

Email: .....

Fax: .....

How would you like the report to be provided? ☐ Email ☐ Fax ☐ Post

Clinical notes

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MRI safety (to be completed by referrer)

Has the patient ever had an:

	Yes	No		Yes	No
Eye injury caused by metal	☐	☐	Aneurysm clip	☐	☐
Cochlear implant	☐	☐	Other Metallic Implant	☐	☐
Neurostimulator	☐	☐			

Please explain: .....

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MRI referral submission

All cardiac MRI referrals attract a $600 out-of-pocket charge that needs to be paid at the time of the appointment.

Please email to alfredcentrereception@baker.edu.au or fax to (03) 8532 1899.

For any questions regarding bookings please phone the Baker Specialist Clinics on (03) 8532 1800.

All patients will be required to complete an MRI safety questionnaire prior to their scan which will be provided when booking.