

MRI SAFETY CHECKLIST AND FINANCIAL CONSENT FORM



PATIENT DETAILS

Name:

Date of birth:

Weight:

Height:

YOUR APPOINTMENT is on:

Time:

Please arrive at:

FOR APPOINTMENTS **AFTER MIDDAY**: PLEASE RING **9508 1624 FOR MALVERN** OR **9508 5665 FOR BRIGHTON** ON THE DAY OF YOUR APPOINTMENT TO CONFIRM YOUR ARRIVAL TIME. Please bring in any previous scans/x-rays and results.

Please indicate if you have (or have ever had) any of the following. Failure to do so, may lead to injury or death:

Head

Have you ever had?

- Aneurysm or AVM clips in the brain ☐ Yes ☐ No
- Brain or spinal shunt ☐ Yes ☐ No
- Eye injury involving metallic fragment ☐ Yes ☐ No
- Eye surgery involving implants (e.g. eyelid spring) ☐ Yes ☐ No
- Cochlear implant or middle ear surgery ☐ Yes ☐ No
- Any other head or brain surgery ☐ Yes ☐ No

Please describe:

Electronic or magnetic devices

Have you ever had?

- An insulin pump (Internal or external) ☐ Yes ☐ No
- Any other drug infusion pump ☐ Yes ☐ No
- Neurostimulator ☐ Yes ☐ No
- Penile implant ☐ Yes ☐ No
- Breast tissue expander ☐ Yes ☐ No
- Any other electronic or magnet devices ☐ Yes ☐ No

Please describe:

Heart

Have you ever had?

- Cardiac pacemaker, implanted defibrillator (ICD) or pacing wires ☐ Yes ☐ No
- Heart valve repair or replacement ☐ Yes ☐ No
- Cardiac loop recorder ☐ Yes ☐ No
- Any other heart surgery or implant ☐ Yes ☐ No

Please describe:

Coils, stents and filters

Have you ever had?

- Embolisation coils ☐ Yes ☐ No
- Inferior Vena Cava (IVC) filter ☐ Yes ☐ No
- Stents ☐ Yes ☐ No
- Any other surgery to your blood vessels ☐ Yes ☐ No

Please describe:

Gastrointestinal

Have you ever had?

- Pillcam capsule ☐ Yes ☐ No
- Metal clips in stomach/oesophagus/bowel from endoscopy (gastroscopy or colonoscopy) ☐ Yes ☐ No
- Any other bowel or stomach surgery or implant ☐ Yes ☐ No

Please describe:

Other

Have you ever had?

- Bullet, shrapnel or metallic foreign body ☐ Yes ☐ No
- Spinal surgery including Harrington rods ☐ Yes ☐ No
- An IUD ☐ Yes ☐ No
- Any operation in the last six weeks ☐ Yes ☐ No

Please describe:

To avoid any inconvenience please contact the MRI department on 9508 1614 (Malvern) and 9508 5665 (Brighton) if you have answered YES to any of the above questions. More information may be required before it is safe to proceed with your MRI examination.

MRI SAFETY CHECKLIST AND FINANCIAL CONSENT FORM

For your safety, please indicate if you have any of the following:

- Bone/joint pin, screw, nail, wire, etc. ☐ Yes ☐ No
- Wig, toupee, hair extensions ☐ Yes ☐ No
- Denture or partial plate ☐ Yes ☐ No
- Joint replacement or prosthetic limb ☐ Yes ☐ No
- Are you claustrophobic? ☐ Yes ☐ No
- Medication patch ☐ Yes ☐ No
- Hearing aid ☐ Yes ☐ No
- Tattoos/permanent or magnetic makeup ☐ Yes ☐ No
- Body piercing jewellery ☐ Yes ☐ No

MRI FEES EXPLAINED

Private patients: MRI Procedures will incur a \$250 patient out-of-pocket cost per visit for Medicare funded items (both GP and Specialist items). Not all MRI examinations attract a Medicare Rebate, most of these scans will incur a \$365 out-of-pocket cost per body area. If contrast is required, there is an additional \$100 patient out-of-pocket cost. Some non-rebateable MRI scans, including those of the abdomen or breast, will attract an out-of-pocket fee of up to \$630. Please call 9508 1614 (Malvern) or 9508 5665 (Brighton) for the cost.

Please note: Cabrini Medical Imaging does not Bulk Bill MRI procedures for private patients where a request has been made to do so by the referring GP or Specialist.

Pensioners and Concession Cardholders: The majority of MRI scans attract a Medicare Rebate. Examinations that have a Medicare item number will be bulk billed.

Third Party Claims: DVA/WorkCover/TAC will be billed to the relevant authority. However, should the claim be rejected, it is the patient's responsibility to settle all outstanding accounts. An account will be sent to the patient for payment. Please bring in relevant cards or claim numbers and insurer details to your appointment.

Overseas Insurance: is not accepted at Cabrini Health. As such, it is the patients' responsibility to settle all outstanding accounts. An account and receipt will be provided.

Sedation: If you require sedation, there will be an additional cost of **\$250**.

A fee of **\$100** will be charged if less than 24-hours notice of cancellation is given.

Are you pregnant or breastfeeding? ☐ Yes ☐ No

Have you had an MRI before? ☐ Yes ☐ No

Which hospital/clinic(s) and date(s):



BEFORE entering the MRI scan room, **all metallic objects/valuables must be removed and stored in the locker provided. All patients will be required to change into a hospital gown for their procedure.** Please consult the MRI technologist with any questions or concerns **BEFORE** you enter the MRI scan room.

WARNING: MRI does not use x-rays but uses a large magnet to image the body. The magnet is always on and your entire body will be exposed to the magnetic field. For every MRI visit, the above questionnaire must be fully completed and will be double checked by the MRI radiographer on-duty prior to your MRI examination. If you have any questions, please call the MRI department on 9508 1614 (Malvern) or 9508 5665 (Brighton) to talk to one of our trained staff.

☐ I have read and understood all of these questions

I, _____
acknowledge that to the best of my understanding, the above answers are true and I have read the above information and acknowledge that I understand my responsibility concerning payment of out-of-pocket expenses for my MRI scan.

☐ Patient ☐ Guardian

Signature _____

Date _____

PATIENT ID PROCEDURE MATCH (Office use only)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> DOB | <input type="checkbox"/> Correct procedure |
| <input type="checkbox"/> Address | <input type="checkbox"/> UR Number | <input type="checkbox"/> Correct side |
| <input type="checkbox"/> Verbal consent | Radiographer: _____ | |

