



CARDIOVASCULAR MRI REQUEST FORM

Patient name

D.O.B. / /

Patient address

Phone

Mobile

Medicare No.

Consent []

Study requested

- Myocardial viability, Cardiac and liver iron loading, Pericardium, Cardiomyopathy, Valvular heart disease, Cardiac Tumours/Mass, Stress perfusion for inducible ischaemia, Aorta, Other, Congenital heart disease

ARVC indications

- The patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC), Investigative findings in relation to the patient are consistent with (ARVC), Is asymptomatic; and has one or more first degree relatives diagnosed with confirmed arrhythmogenic right ventricular cardiomyopathy (ARVC)

Medical history

- Pregnancy, Breast feeding, Asthma, Renal impairment, Atrial fibrillation, Brain Aneurysm Clip / Eye Injury by Metal / Any Metal Implant, Heart block, Taking beta blockers, Pacemaker (MRI compatible), Pacemaker (Not MRI compatible)

eGFR Level _____
or
Creatinine Level _____

Clinical questions and relevant clinical details

Blank lines for clinical details

Referring Doctor

Name, Address, Provider No., Referrer Signature, Date, Doctor's name, Provider No. & Date are a legal requirement

Results

Take Film / CD, Synapse / CD / Film, Phone Report, Fax Report, Routine Delivery, Electronic Download, Copy to.....

PATIENT INFORMATION

YOUR DOCTOR HAS REFERRED YOU FOR A CARDIAC (HEART) MRI SCAN

WHERE IS THIS SCAN PERFORMED?

FMIG HAWTHORN 109 Burwood Road
(Cnr of Power Street)

TELEPHONE 9818 9400 or **FAX** 9818 9420

Free patient parking is available. Enter via Lynch Street
(Basement Level 3)

DO I NEED TO MAKE AN APPOINTMENT?

Yes, all cardiac MRI scans require an appointment.
Please call our reception staff at Hawthorn on 9818 9400 to make an appointment for your examination, or fax request to Hawthorn at 9818 9420.

PREPARATION:

For stress perfusion, no caffeine products (coffee, tea, coke etc.) or beta-blockers 24 hours before scan. Please call our reception if you have any questions.

SCAN DURATION?

The receptionist will advise of your arrival time. Please make sure you arrive on time and allow approximately 1.5 to 2 hours for the examination to be completed.

PLEASE NOTE:

- Your heart rate and blood pressure will be monitored during the test and an ECG performed if necessary.
- You will be required to lay still and hold your breath as requested.
- A small cannula will be placed in your arm to administer IV contrast if required for this examination.



HAWTHORN

ELGIN PL
POWER ST
LYNCH ST
BASEMENT CAR PARK
BURWOOD RD
ROCHE ST
POWER ST
LAVIDGE ST

109 Burwood Rd, Hawthorn Vic 3122
Basement parking via Lynch St (Lv 3)

FOR ALL APPOINTMENTS AND INQUIRIES PLEASE PHONE 03 9818 9410