

# 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.

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## 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 jewelry  Yes  No

## MRI FEES EXPLAINED

**Private patients:** MRI Procedures will incur a \$245 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 \$355 out-of-pocket cost per body area. If contrast is required, there is an additional \$95 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 \$620. 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 \$205.

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

### PATIENT ID PROCEDURE MATCH (Office use only)

- Name  DOB  Correct procedure
- Address  UR Number  Correct side
- Verbal consent Radiographer: \_\_\_\_\_

Are you pregnant or breastfeeding?  Yes  No

Have you had an MRI before?  Yes  No

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

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**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 \_\_\_\_\_