

**APPOINTMENT:** Location

Day

Time

Date

**PATIENT:**

Date of Birth

Sex

Phone

Medicare No

**EXAMINATION REQUESTED:**

**CLINICAL NOTES:**

**MRI SAFETY SCREENING:**

**This section must be completed by the referring doctor for booking to be made.**

Has the patient ever had any of the following:

(Please tick)

1. Pacemaker/defibrillator

☐ Yes

☐ No

2. Other electronic device

☐ Yes

☐ No

3. Intracranial Aneurysm Clip

☐ Yes

☐ No

4. Cochlear or inner-ear implant

☐ Yes

☐ No

5. Other metallic implant

☐ Yes

☐ No

If yes to any of the above please specify:

6. Metallic injury to the eye

☐ Yes

☐ No

7. Is there any possibility of pregnancy

☐ Yes

☐ No

**Recent renal function test:**

eGFR result:

Date conducted:

Referrer Category

☐ GP

☐ Specialist

Patient Category

☐ TAC

☐ WorkCover

☐ Veterans Affairs

☐ O/S Visitor

**RESULTS:**

Please fax report to referring doctor: ☐

Fax No:

Copies to:

**REFERRING DOCTOR DETAILS:**

Doctor's Signature:

Date:

**MRI OFFICE USE ONLY**

Examination:

Billing Code:

Contrast:

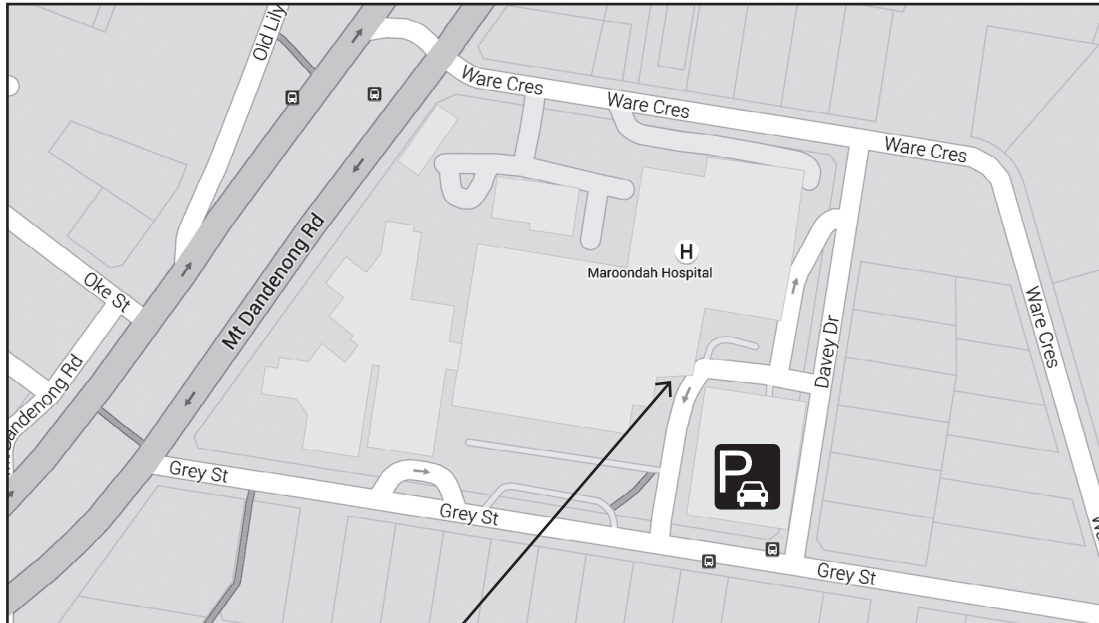
☐ Yes

☐ No

MIT Initials:

Date:

# Eastern Health Maroondah Hospital MRI Services



Medical Imaging Department  
Ground Floor  
Maroondah Hospital  
Davey Drive  
Ringwood East Vic 3135  
[www.easternhealth.org.au](http://www.easternhealth.org.au)

## Parking:

Off street parking is available in the multilevel car park accessible off Davey Drive for which a fee is charged.  
Restricted 2 hour street parking is available in the surrounding streets.

## EASTERN HEALTH MEDICAL IMAGING LOCATIONS:

Your doctor has recommended that you use Eastern Health Medical Imaging. You may choose to use another provider but please discuss this with your doctor first.

	General X-ray	Ultrasound / Doppler	CT	Nuclear Medicine	Fluoroscopy	Mammography	DEXA (Densitometry)*	Angiography	Interventional	MRI (Use MRI Request form)*	Emergency 24/7
<b>Angliss Hospital</b> Level 1, Albert Street Upper Ferntree Gully 3156	•	•	•	•	•				•		•
<b>Box Hill Hospital</b> Ground Floor, Nelson Road Box Hill 3128	•	•	•		•			•	•		•
<b>Healesville Hospital</b> 377 Maroondah Highway Healesville 3777	•										
<b>Maroondah Hospital</b> Ground Floor, Davey Drive East Ringwood 3135	•	•	•	•	•	•	•		•	•	•

\* Some MRI and DEXA examinations are not covered by Medicare.

**A non-rebateable fee may apply to be paid on the day of the appointment.**

You will be advised at the time of booking.

For all other imaging studies and procedures, Medicare cardholders will be bulk-billed.

**Enquiries: 1300 668 578**

**Monday – Friday 8.30 am – 5.00 pm  
by appointment**



**medical** *in partnership with*  
**imaging**



IMAGING ASSOCIATES  
EASTERN

ABN: 68 223 819 017

## Eastern Health MRI A4 Referral Sheets

### Re-Order Form

FAX TO: (03) 8843 7988

OR

TELEPHONE: (03) 8843 6000

OR

EMAIL: [info@imagingassociates.net.au](mailto:info@imagingassociates.net.au)

**Please send me \_\_\_\_\_ new Eastern Health MRI A4 Referral Packs.**

Drs Name: \_\_\_\_\_

Provider No. \_\_\_\_\_

Address: \_\_\_\_\_