easternhealth
ABN: 68 223 819 017

medical imaging *in partnership with* IMAGING ASSOCIATES EASTERN

Enquiries: 1300 668 578
Box Hill Fax: **9194 7870**
Email: bhhmi@easternhealth.org.au
Maroondah Fax: **9982 2190**
Email: radiology.reception@easternhealth.org.au

Medical Specialist MRI REQUEST

APPOINTMENT: Location | Day | Time | Date

PATIENT:

Date of Birth:

Sex:

Phone:

Medicare No:

Patient Category
- ☐ TAC
- ☐ WorkCover
- ☐ Veterans Affairs
- ☐ O/S Visitor

MRI Examination Requested:

Clinical Notes:

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

MRI Safety Screening

Has the patient ever had any of the following:

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. Intravascular stent/filter/coil ☐ Yes ☐ No
6. Other metallic implant ☐ Yes ☐ No
7. Metallic injury to the eye ☐ Yes ☐ No
8. Is there any possibility of pregnancy ☐ Yes ☐ No

If Yes to any of the above please specify:

_____

Recent renal function:

eGFR result:_____ Date:_____/_____/_____

Referring Doctor Details

Name:

Address:

Provider Number:

Doctor's Signature:_____

Date:_____/_____/_____

Unit/Consultant:
(for EH Outpatients only)

Contact/Pager No:

Copies to:

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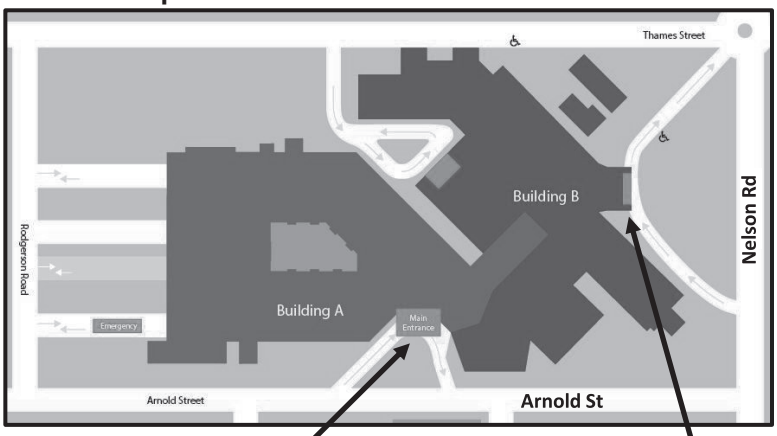
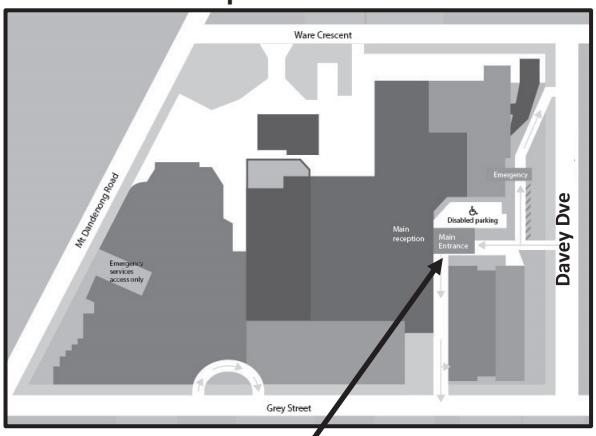
Eastern Health MRI Services

Box Hill Hospital



Main Entrance (Arnold St) or Building B Entrance (Nelson Rd)
Medical Imaging Department
Ground Floor, Building B
Cnr Arnold St & Nelson Rd
Box Hill Vic 3121

Maroondah Hospital



Main Entrance (Davey Dve)
Medical Imaging Department
Ground Floor via Main Entrance
Davey Drive
Ringwood East Vic 3135

Limited Disabled parking is available in the hospital precinct and surrounding streets.
Restricted 2 hour parking is available in the surrounding streets.
Off-street parking is available for which a fee is charged.

Eastern Health Medical Imaging Locations:

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

	General Xray	Ultrasound / Doppler	CT	Nuclear Medicine	Fluoroscopy	Interventional	MRI (Use MRI Request Forms)*	Angiography	Mammography	DEXA (Densitometry)*	Emergency 24/7
Angliss Hospital Level 1, Albert St Upper Ferntree Gully	●	●	●	●	●	●					●
Box Hill Hospital Building B, Ground Floor Nelson Rd, Box Hill	●	●	●	●	●	●	●	●			●
Maroondah Hospital Ground Floor Davey Dve, East Ringwood	●	●	●	●	●	●	●		●	●	●
Healesville Hospital 377 Maroondah Highway Healesville	●										

* 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.

All other imaging studies and procedures are Medicare bulk-billed.

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Monday – Friday 8.30 am – 5.00pm

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Eastern Health MRI Medical Specialist A4 Referral Sheets

Re-Order Form

FAX TO: (03) 8843 7988

OR

TELEPHONE: (03) 8843 6000

OR

EMAIL: info@imagingassociates.net.au

Please send me _____ new Eastern Health MRI Medical Specialist A4 Referral Packs.

Drs Name: _____

Provider No. _____

Address: _____