



PR NO. 3803945

Reg. No.1973/010447/07

Dr RALPH POSNER
 Dr LEON IZEREL
 Dr ANTON KOEN
 Dr PETER NATHANIEL

Dr BRETTON WOODS
 Dr DONOVAN BAM
 Dr GERNO ROZENDAAL
 Dr LEE KRAMER

Dr ERROL PAPERT
 Dr BRIAN PAPERT
 Dr RALPH HURWITZ

Accounts and Administration 122 - 11th Avenue, Parkmore Tel:+27(11) 8843728 / Fax: +27(11) 8846322
 E-mail: admin@sandtonxray.co.za

PO Box 651460
 Benmore
 2010

Sandton Clinic,
 Lyme Park
 Tel: + 27 (11) 7066166

Morningside Clinic
 Hill Road, off Rivonia Road
 Tel:+ 27 (11) 8833320

MRI CENTRE – SANDTON X-RAY DEPARTMENT

PATIENT NAME _____ DATE OF BIRTH _____

- | | |
|---|-------------------------------|
| 1. WHAT DO YOU WEIGH? _____ | 2. ARE YOU PREGNANT? Y / N |
| 3. ALLERGIES? _____ | 4. CLAUSTROPHOBIC? Y / N |
| 5. RELATED SURGERY? _____ | |
| 6. PREVIOUS RELATED X-RAY/CT/MRI? _____ | |

DO YOU HAVE ANY OF THE FOLLOWING ITEMS IN YOUR BODY?

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">PACEMAKER</td><td style="width: 5%; text-align: center;">Y</td><td style="width: 15%; text-align: center;">N</td></tr> <tr><td>VENOUS UMBRELLA</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>BRACES / METALIC IMPLANTS</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>VENTRICULAR / SPINAL SHUNT</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>AORTIC CLIPS</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>SHRAPNEL</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>HEARING AID</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>DENTURES</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>HEART VALVE</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> </table>	PACEMAKER	Y	N	VENOUS UMBRELLA	Y	N	BRACES / METALIC IMPLANTS	Y	N	VENTRICULAR / SPINAL SHUNT	Y	N	AORTIC CLIPS	Y	N	SHRAPNEL	Y	N	HEARING AID	Y	N	DENTURES	Y	N	HEART VALVE	Y	N	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">BRAIN CLIPS</td><td style="width: 5%; text-align: center;">Y</td><td style="width: 15%; text-align: center;">N</td></tr> <tr><td>METAL FRAGMENTS</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>NEUROSTIMULATOR</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>JOINT REPLACEMENTS</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>ELECTRODES</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>IUCD (LOOP)</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>COCHLEAR IMPLANTS</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>HARRINGTON ROD</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>METAL MESH IMPLANT</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> </table>	BRAIN CLIPS	Y	N	METAL FRAGMENTS	Y	N	NEUROSTIMULATOR	Y	N	JOINT REPLACEMENTS	Y	N	ELECTRODES	Y	N	IUCD (LOOP)	Y	N	COCHLEAR IMPLANTS	Y	N	HARRINGTON ROD	Y	N	METAL MESH IMPLANT	Y	N
PACEMAKER	Y	N																																																					
VENOUS UMBRELLA	Y	N																																																					
BRACES / METALIC IMPLANTS	Y	N																																																					
VENTRICULAR / SPINAL SHUNT	Y	N																																																					
AORTIC CLIPS	Y	N																																																					
SHRAPNEL	Y	N																																																					
HEARING AID	Y	N																																																					
DENTURES	Y	N																																																					
HEART VALVE	Y	N																																																					
BRAIN CLIPS	Y	N																																																					
METAL FRAGMENTS	Y	N																																																					
NEUROSTIMULATOR	Y	N																																																					
JOINT REPLACEMENTS	Y	N																																																					
ELECTRODES	Y	N																																																					
IUCD (LOOP)	Y	N																																																					
COCHLEAR IMPLANTS	Y	N																																																					
HARRINGTON ROD	Y	N																																																					
METAL MESH IMPLANT	Y	N																																																					

I hereby consent to the injection or administration of any drug or contrast media which may be necessary for the performance of my MRI examination.

 PATIENT / GUARDIAN SIGNATURE WITNESS DATE