

MRI COMPATIBILITY: SURGICAL IMPLANT

Date

Attention Dr.....

Fax number.....

From

Dear Doctor

Please confirm the MRI Compatibility of the following patient's Surgical Implant:

NameDOB.....

Date of Surgery

The above patient is to attend our Rooms
for an MRI on.....

It would be appreciated if you could provide us with any relevant details, including literature or websites that we can access. Please complete information below:

Implant Type

Make and Model

Local Distributor/Contact Details

Doctor's signature.....Date.....

Thank you for your co-operation, please return this form to fax number
prior to the patient's appointment.

If you have any questions please call Doctor Direct on 02 4925 5451.