PR. No. 3805948

Reg. No. 2003/031449/21

VAT No. 4100209818

CROMPTON HOSPITAL Tel: 087 310 4981 Fax: 087 236 0681

ENTABENI HOSPITAL Tel: 087 310 4983 Fax: 087 236 0683

GATEWAY PRIVATE HOSPITAL Tel: 087 310 4985 Fax: 087 236 0685

DIGITAL MAMMOGRAPHY CENTRE Tel: 087 310 4990 Fax: 087 236 0690

KINGSWAY HOSPITAL Tel: 087 310 4980 Fax: 087 236 0680

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PARKLANDS HOSPITAL Tel: 087 310 4986 Fax: 087 236 0686

SHIFA HOSPITAL Tel: 087 310 4988 Fax: 087 236 0688

ST. AUGUSTINE'S HOSPITAL Tel: 087 310 4984 Fax: 087 236 0684

WESTVILLE HOSPITAL Tel: 087 310 4982 Fax: 087 236 0682

ACCOUNTS: Tel: 087 310 4987 • Fax: 087 236 0687

| | APPLICATION LETTER FOR MRI SCAN ON A PATIENT WITH MRI CONDITIONAL/SAFE BRAIN IMPLANT OR STIMULATOR | | | | | | | | |
|--|---|---------------------------------|------------|-------------|-----------------------------|-------------------|--|------------|--|
| | NEUROSURGEON CONSENT | | | | | | | | |
| | DATE DD/MM/YYYY Dear Dr | | | | | | | | |
| | MR | MRS | | | PATIEN | T'S FULL | NAME | | |
| | has been referred from Dr | | | | | | | | |
| | for an MRI scan of | | | | | | | | |
| | on the | | DD/MM/YYYY | | at | | TIME | | |
| | The above patient has a MRI Conditional/Safe Brain Implant or Stimulator inserted. | | | | | | | | |
| | To ensure the safety of the patient while undergoing an MRI examination with a MRI Conditional/Safe Brain Implant or Stimulator we are required to follow highly specific procedures and guidelines. | | | | | | | | |
| | Verbal and written consent must be obtained from the patient knowing the full risk and effects of the MRI scan on the implanted device. | | | | | | | | |
| | Should you accept responsibility for the patient undergoing the MRI scan with said device implanted, we would appreciate it if you could co-ordinate with our Bookings Department to set up a date and time that is suitable to both you/or Neuro-Technician and the patient. | | | | | | | | |
| | Please complete the details below and scan/fax back to the Bookings Department where the MRI scan is to be preformed. | | | | | | | | |
| | ST AUGUSTINES' HOSPITAL | | | ENTA | BENI HOS | PITAL | WESTVILLE HOSPITAL | | |
| | Farhana Haffejee | | | lynis Radfo | | Raashika Bramdhew | | | |
| | <u>farhana</u> | farhana.haffajee@lakesmit.co.za | | | dford@lakes | • | raashika.bramdhew@lakesmit.co | <u>.za</u> | |
| | Tel: 087 310 4984 Fax: 087 236 0684 | | | | : 087 310 4 c: 087 236 0 | | Tel: 087 310 4982 Fax: 087 236 0682 | | |
| | | | | Гал | t. 001 230 0 | rax. 007 230 0002 | | | |
| | Yours sincerely Lake, Smit and Partners | | | | | | | | |
| | Neurosurg | eon Name | | | | | | | |
| | Neurosurgeon Signature | | | | | | | | |
| | Rep/Technician's Name | | | | | | | | |
| | Rep/Technician's Signature | | | | | | | | |
| | Contact Details for Rep/Technician | | | | | | | | |
| | Implant De | | • | | | | | | |
| | Date of Implant | | | | DD/MM/YYYY | | | | |
| | Code and Supplier | | | | | | | | |
| | Is this the first device inserted? | | | YES | NO | | | | |
| | Patient consent attached | | | | YES | NO | | | |