



**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 PATIENT'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 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**

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Yours sincerely  
 Lake, Smit and Partners

Neurosurgeon Name \_\_\_\_\_

Neurosurgeon Signature \_\_\_\_\_

Rep/Technician's Name \_\_\_\_\_

Rep/Technician's Signature \_\_\_\_\_

Contact Details for Rep/Technician \_\_\_\_\_

Implant Device \_\_\_\_\_

Date of Implant DD/MM/YYYY

Code and Supplier \_\_\_\_\_

Is this the first device inserted?  YES  NO

Patient consent attached  YES  NO

ANNEXURE D 2.2