

**APPLICATION LETTER FOR MRI SCAN ON A PATIENT WITH MRI
CONDITIONAL/SAFE CARDIAC PACEMAKER/ICD**

CARDIOLOGIST 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 pacemaker/ICD inserted.

To ensure the safety of the patient while undergoing an MRI examination with a MRI conditional/safe pacemaker we are required to follow highly specific procedures and guidelines.

The Cardiac Technician will be in attendance for the entire MRI procedure and will monitor the patient throughout the scan.

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 Cardiac 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

Farhana Haffajee

farhana.haffajee@lakesmit.co.za

Tel: 087 310 4984

Fax: 087 236 0684

ENTABENI HOSPITAL

Glynis Radford

glynis.radford@lakesmit.co.za

Tel: 087 310 4983

Fax: 087 236 0683

WESTVILLE HOSPITAL

Janine van Rooi

raashika.bramdhew@lakesmit.co.za

Tel: 087 310 4982

Fax: 087 236 0682

Yours sincerely
Lake, Smit and Partners

Cardiologist's Name: _____

Cardiologist's 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
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Patient consent attached

YES	NO
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ANNEXURE D 1.2