

**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.

**Hillcrest Imaging Centre,
Meyrickton Park
Operations Team Leader: Amanda Wilson**
D1 Meyrickton Park, 2 Meyrickton Place, Hillcrest
Tel: 031 521 0380
Email: hillcrest@lakesmit.co.za

**Busamed Gateway Private Hospital
Operations Team Leader: Melanie
Butheechunder**
36/38 Aurora Drive, Umhlanga Ridge
Tel: 031 521 0375
Email: gateway@lakesmit.co.za

**Netcare Kingsway Hospital
Operations Team Leader: Aletta Gazu**
607 Andrew Zondo Road, Amanzimtoti
Tel: 031 521 0370
Email: kingsway@lakesmit.co.za

**Netcare St Augustine's Hospital
Operations Team Leader: Natasha Chithrai**
107 JB Marks Road, Durban
Tel: 031 521 0374
Email: staugustines@lakesmit.co.za

**Life Entabeni Hospital
Operations Team Leader: Riaz Amod**
148 Mazisi Kunene Road, Durban
Tel: 031 521 0373
Email: entabeni@lakesmit.co.za

**Life Westville Hospital
Operations Team Leader: Amanda Wilson**
7 Harry Gwala Road, Westville
Tel: 031 521 0372
Email: westville@lakesmit.co.za

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

Patient consent attached

YES NO