

**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.

**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

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