

Application form MRI examination

E-mail: afspraak@mracentrum.nl Fax: +31 880 8888 99

For referral procedure see backside



M / F

MAILING ADDRESS

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1081 GG Amsterdam
E info@mracentrum.nl
T 0880 8888 88
F 0880 8888 99
I www.mracentrum.nl

Patient records (*mandatory fields to fill in)

Name / Initials* :
Date of birth* :
Address* :
Postal Code / Town* :
Phone number*/Mobile* :
E-mail address* :
Citizen service number/ BSN number :
Insurance company/number :

Location preference Amsterdam / Breda / Den Bosch / Groningen (Haren) / Rotterdam / Utrecht

Referring doctor (*mandatory fields to fill in)

Name of Doctor* :
AGB-code (if applicable):
Name of practice :
Telephone nbr.* :
Fax :
E-mail address* :
Address* :
Postal Code :
Town* :
Country* :

Send Copy of report to:

Name :
Telephone :
Fax :
E-mail address :
Address :
Postal code/ Town :

Absolute MRI contraindications

- Pacemaker yes/no
- Cochlear implant yes/no
- Implemented insulin pump yes/no
- Aneurysm clips yes/no
- Metal fragments in the eye yes/no (p.t.o.)
- Heavier than 140 kg yes/no

Relative MRI contraindications

- Hart valve prosthesis* yes/no
- Neurostimulator* yes/no
- Irremovable hearing device* yes/no
- Vascular stent, coils or filter* yes/no
- Claustrophobic (p.t.o.) yes/no
- Pregnancy < 12 weeks? yes/no
- Is the patient limited in his/her mobility? yes/no

(*Specify brand, type and when placed)

Particularities

- HBV-carrier yes/no
 - HRMO-carrier yes/no
 - Abnormal kidney function yes/no
- If no: Glomerular filtration rate in connection with possible gadolinium administration*

Type of MRI examination

See other side for overview of MRI examinations

Side: Left / Right / Both sides

MRI examination

Clinical history:

Question:

Referral for the Lumbar spine:

Previously operated yes/no
If so, which level? _____
Complaints > 6 weeks yes/no
Radicular yes/no
Which side radiating L/R/Both
Loss of strength yes/no
Sensory disorder yes/no

Referral for the Cervical spine

Radicular yes/no
Progressive neurological deficit yes/no
Musculair weakness yes/no
Signs of myelumcompression yes/no

p.t.o.

Application procedure

1. Send this referral form with complete patient record to the MRI Centrum by e-mail to afspraak@mricentrum.nl or fax: +31 880 8888 99. Also possible to refer through the online portal ZorgDomein or our website www.mricentrum.nl
2. We will contact your patient within 1 or 2 working days.
3. Your patient will receive after the appointment has been made, additional info about the MRI and a route description will be sent.

Important

If you suspect your patient has a metal fragment in their eye, it is important to check this first with an X-ray. The splinter has to be removed before scheduling a MRI scan.

If your patient suffers from claustrophobia or is unsure in general, it can be advised to prescribe a mild sedative like Xanax 0.5 mg.

Please make sure you fill in the form as readable as possible. To avoid mistakes or misunderstandings we cannot accept incomplete referral forms.

Type of MRI examination

Skull / Brain
Cerebellar pointing angle
Cervical spine
Thoracic spine
Lumbar spine
SI Joint
Abdomen
Liver
MRCP
Pelvis
Rectum
Prostate
Shoulder
Upper arm
Elbow
Under arm
Wrist
Hand
Hip
Upper leg
Knee
Lower leg
Ankle
Foot
MR Mammography
MR Prothesis
MRA
Breinveins
Periperal veins
Kidney arteries

Locations

MRI Centrum AMSTERDAM

MRI and ultrasound

Nijenburg 150
1081 GG Amsterdam

MRI Centrum BREDA*

MRI

Paardeweide 3A
4824 EH Breda

MRI Centrum DEN BOSCH

MRI

Hugo de Grootlaan 20-22
5223 LC Den Bosch

MRI Centrum GRONINGEN*

MRI

Kerklaan 36a
9751 NN Haren

MRI Centrum ROTTERDAM

MRI , ultrasound and X-ray

Westerstraat 41 B
3016 DG Rotterdam

MRI Centrum UTRECHT*

MRI

Amazonedreef 41 A
3563 CA Utrecht

* On these locations we work with a mobile MRI trailer, close to a clinic. The reception of the MRI Centrum is located in the clinic.