Nuffield Health

Imaging Request Form.

All details must be completed in full or the form will be returned.

PATIENT NAME/LABEL: ADDRESS:

DATE OF BIRTH: HOSPITAL NUMBER:

POSTCODE:	HOME TEL NO:	WORK/MOB TEL NO:

AREAS TO BE IMAGED:

Creatinine Level……..... Date of test:…….....

EXAMINATION REQUESTED:

If Available:

- X-Ray ☐
- Ultrasound ☐
- MRI ☐ (Please see reverse for contraindication)
- CT ☐
- Mammography ☐
- DEXA ☐

CLINICAL DETAILS: including any surgery and current medication

REFERRER'S NAME:	**SIGNATURE:**	**DATE:**

REFERRER'S DECLARATION

NB: THIS IS A LEGAL DOCUMENT

1. The correct patient details have been entered.
2. I have discussed this examination with the patient/guardian (delete if not relevant).
3. I have taken into account the possibility of pregnancy.
4. I have given sufficient clinical information for the request to be justified according to **IR(ME)R**.
5. I will ensure that the examination result is recorded in the patient's case notes.

Ignore LMP ruling ☐

SIGNATURE OF DOCTOR:

…….....

I confirm that to the best of my knowledge, I am not pregnant.

PATIENT SIGNATURE:

…….....

Is the patient breast feeding?

☐

Is the patient a high infection risk?
If yes, please specify

none

History of allergies?

PREVIOUS IMAGING HISTORY:

NUFFIELD		NHS		NONE	

I hereby give consent to the above examination and confirm that the examination procedure has been explained to me.

PATIENT SIGNATURE:		DATE:
RADIOGRAPHER'S SIGNATURE:		DATE:

APPOINTMENT TIME:

DATE:

INPATIENT:

ROOM NUMBER:

OUT PATIENT:

EXPOSURE FACTORS:	
ROOM:	
MAS:	
KVP:	
DAP METER:	
SCREENING TIME:	
NUMBER OF IMAGES:	
RADIOGRAPHER'S SIG	

FOR IMAGING DEPARTMENT USE ONLY

JUSTIFICATION: THIS PROCEDURE HAS BEEN JUSTIFIED UNDER THE TERMS OF THE **IR(ME)R** REGULATIONS.

RADIOLOGIST OR RADIOGRAPHER'S SIGNATURE:
BILLING INFORMATION:

MRI Scanning Requests

ABSOLUTE CONTRA INDICATIONS		
Has the patient ever had a cardiac pacemaker or pacing wire?		
Has the patient ever had a cerebral aneurysm clip?		
Does the patient have a cochlear implant?		
Is the patient pregnant?		
If the answer is "YES" to any of the above please discuss with a Consultant Radiologist		
Does the patient have any metal implants/medical devices attached to/in their body?		
Has the patient at any time had a penetrating metal injury to their eyes?		
If the answer is "YES" to either of the above please give full details and contact the MRI department		
Does the patient have any known renal impairment?		
Is the patient awaiting a liver transplant?		
Has the patient had an eGFR in the last 3 months?		
If so, please state result here:		

NAME:	**SIGNED:**

Please send the completed request form to the appropriate department email address listed below.

Nuffield Health Bournemouth	Bournemouth.BOX-ray@nuffieldhealth.com
Nuffield Health Brentwood	Imaging.department@nuffieldhealth.com
Nuffield Health Brighton	Brighton.Radiology@nuffieldhealth.com
Nuffield Health Bristol	Bristol.Radiology@Nuffieldhealth.com
Nuffield Health Cambridge	Cambridge.radiology@nuffieldhealth.com
Nuffield Health Cheltenham	Cheltenham.imagingreception@nuffieldhealth.com
Nuffield Health Chester	x-ray.chester@nuffieldhealth.com
Nuffield Health Chichester	nh.radiology.chichester@nhs.net
Nuffield Health Derby	Derby.Radiology@nuffieldhealth.com
Nuffield Health Exeter	EXETERRADIOLOGY@nuffieldhealth.com
Nuffield Health Glasgow	Diagnosticimaging@nuffieldhealth.com
Nuffield Health Guildford	guildford.radiology@nuffieldhealth.com
Nuffield Health Haywards Heath	xray.haywardsheath@nuffieldhealth.com
Nuffield Health Hereford	hereford.radiology@nuffieldhealth.com
Nuffield Health Ipswich	ipswichnuffield.radiology@nhs.net
Nuffield Health Leeds	nh.leeds.radiology@nhs.net
Nuffield Health Leicester	Leicester.Radiology@nuffieldhealth.com
Nuffield Health Manchester	Manchester.diagnostics@nuffieldhealth.com
Nuffield Health Newcastle	Newcastle.radiology@nuffieldhealth.com
Nuffield Health Shrewsbury	Shrewsbury.radiology@nuffieldhealth.com
Nuffield North Staffordshire	northstaffs.radiologydept@nuffieldhealth.com
Nuffield Health Oxford Manor	Manor.DI@nuffieldhealth.com
Nuffield Health Plymouth	nh.plymouthradiology@nhs.net
Nuffield Health Taunton	Taunton.radiology@nuffieldhealth.com
Nuffield Health Tees Hospital	radiology.referrals@nuffieldhealth.com
Nuffield Health Tunbridge Wells	Tunbridgewells.Radiology@nuffieldhealth.com
Nuffield Health Vale Hospital and Cardiff Bay	vh.imaging@nuffieldhealth.com
Nuffield Health Warwickshire	waxraydesk@nuffieldhealth.com
Nuffield Health Wessex	nh.wessex.radiology@nhs.net
Nuffield Health Woking	woking.radiology@nuffieldhealth.com
Nuffield Health Wolverhampton	Wolverhampton.radiology@nuffieldhealth.com
Nuffield Health York	nuffieldyork.radiology@nhs.net