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:**

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:

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 2000 REGULATIONS.

RADIOLOGIST OR RADIOGRAPHER'S SIGNATURE:

BILLING INFORMATION:

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 2000.
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

History of allergies?

APPOINTMENT TIME:

DATE:

INPATIENT:

ROOM NUMBER:

OUT PATIENT:

Nuffield Health
For the love of life®

Hospitals
+ Health Checks + Physio + Gyms

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:**

BOURNEMOUTH
Phone: 01202 702810
Fax: 01202 293242

BRENTWOOD
Phone: 01277 695655
Fax: 01277 264814

BRIGHTON
Phone: 01273 627013
Fax: 01273 627020

BRISTOL
Phone: 01179 064878
Fax: 01179 733728

CAMBRIDGE
Phone: 01223 370906
Fax: 01223 281421

CHELTENHAM
Tel: 01242 246502
Fax: 01242 246539

CHESTER (Grosvenor)
Phone: 01244 684300
Fax: 01244 684398

CHICHESTER
Phone: 01243 753018
Fax: 01243 753056

DERBY
Phone: 01332 540116
Fax: 01332 540110

EXETER
Phone: 01392 262119
Fax: 01392 262158

GLASGOW
Phone: 0141 576 2768/9
Fax: 0141 5762817

GUILDFORD HOSPITAL
Phone: 01483 555811
Fax: 01483 555938

HAYWARDS HEATH
Phone: 01444 476771
Fax: 01444 476760

HEREFORD
Phone: 01432 262508
Fax: 01432 278283

IPSWICH
Phone: 01473 277581
Fax: 01473 279135

LEEDS
Phone: 0113 3882037
Fax: 0113 3882046

LEICESTER
Phone: 0116 2743742
Fax: 0116 2766436

NEWCASTLE UPON TYNE
Phone: 01912 125251
Fax: 01912 125281

NORTH STAFFORDSHIRE
Phone: 01782 382504
Fax: 01782 382544

OXFORD
Phone: 01865 307437
Fax: 01865 307680

PLYMOUTH
Phone: 01752 761826
Fax: 01752 517366

SHREWSBURY
Phone: 01743 282504
Fax: 01743 282640

TAUNTON
Phone: 01823 250636
Fax: 01823 250646

TEES
Phone: 01642 367410
Fax: 01642 363448

TUNBRIDGE WELLS
Phone: 01892 552916
Fax: 01892 552915

CARDIFF BAY / VALE HOSPITAL
Phone: 02920 836731
Fax: 02920 232100

WARWICK
Imaging Dept:
Phone: 01926 436323
Fax: 01926 436337
MRI Dept:
Phone: 01926 436333
Fax: 01926 887091

WESSEX
Phone: 02380 258409
Fax: 02380 258410

WOKING
Phone: 01483 227836
Fax: 01483 227830

WOLVERHAMPTON
Phone: 01902 793234
Fax: 01902 793292

YORK
Phone: 01904 715100
Fax: 01904 715285

NH/GE 80122 MARCH16