

# Imaging Request Form

PATIENT		REFERRER	
Name		Name	
Patient's Address		GMC / HPC / NMC no.	
Home number		Practice Name & Address and email	
Mobile number		Telephone	
Email		Signature:	
Date of Birth		Gender	
Medical Insurance Details Insurer:		Physical/Communication difficulties? <input type="checkbox"/> Yes – Details:	
Policy Number:		Interpreter required? <input type="checkbox"/> Yes – Details/Language:	
Authorisation Code:		Mobility Issues (Needs assistance to transfer)? <input type="checkbox"/> Yes – Details:	
Self-Pay <input type="checkbox"/> Yes <input type="checkbox"/> No			

SCAN REQUIRED AND CLINICAL INDICATIONS (all sections must be completed)			
MRI <input type="checkbox"/>	Ultrasound <input type="checkbox"/>	X-ray <input type="checkbox"/>	DXA <input type="checkbox"/>
<b>Regions</b> – Select and give details for all required, including which side of body as appropriate			
<b>Clinical Indications</b> - Please provide sufficient clinical information (including relevant past medical history, medication & previous investigations) to ensure the appropriate investigation can be performed in accordance with the Royal College of Radiologists' guidelines and to adhere to IR(ME)R 2017			
Urgent? <input type="checkbox"/> Yes – Details why:		Allergies: <Allergies & Sensitivities> Diabetic? <input type="checkbox"/> Yes – Type:	

Referring for an MRI? – Please read the information below			
<b>MANDATORY</b> - MRI Contraindications: ALL referrers MUST complete this section			
Aneurysm Clip?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pacemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cochlea Implant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neurostimulator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implantable Cardiovert defib?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Metallic Intra-ocular foreign body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implantable pump?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other relevant information?	
Heart Valve prosthesis?	<input type="checkbox"/> Yes – Details (including make, model & S/N to determine MRI compatibility): <input type="checkbox"/> No		
For contrast MRI examinations - the following patients must provide eGFR or creatinine result. All eGFR results must be <3 months old, except for patients with know renal impairments or acute illness, in which case they must be <7 days old.			
<ul style="list-style-type: none"> <li>Aged 65+</li> <li>Diabetic</li> </ul>		<ul style="list-style-type: none"> <li>Known renal impairment</li> <li>Hypertension</li> </ul>	