

Imaging Request Form Cannock MRI



Patient Name: _____	Title: _____
Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Patient Address: _____ _____ _____	
_____	Postcode: _____
Telephone Numbers	
Home: _____	Work: _____

In-Patient: <input type="checkbox"/>	Ward: _____	Name of Hospital: _____
Hospital Number: _____	Tel. Number: _____	
Who is responsible for the patient's account?		Patient <input type="checkbox"/> Other <input type="checkbox"/>
Clinical Details: _____ _____ _____		
Provisional Diagnosis: _____ _____		
Part(s) to be imaged: _____		
Priority:	Urgent <input type="checkbox"/>	Routine <input type="checkbox"/>

Important

MRI Examinations cannot be carried out on patients with: cardiac pacemakers, cerebral aneurysm clips, cochlear implants, intra-ocular metallic fragments. Please note table weight limit of 25 stone (158 kgs) and maximum patient girth of 50 ins (127cms).

Signature: _____	Date: _____
Name of Referring Consultant: _____	Tel. Number: _____
Address for Report: _____ _____ _____	
_____	Postcode: _____
Appointment booked for: _____	
Appointment confirmed <input type="checkbox"/>	No contraindications <input type="checkbox"/>

Cannock MRI will contact the patient direct either by letter or telephone to make an appointment.

Please send or fax this form to:

Cannock MRI

Cannock Chase Hospital, Brunswick Road, Cannock, Staffordshire WS11 5XY

Tel: 01543 500203 Fax: 01543 500204 Email: cmri@alliance.co.uk