

Imaging Request Form MRI, X-ray, Ultrasound



Intelligent imaging

Clock House Alliance Imaging Centre,
Alliance Medical House, 4b Dorking Road, Epsom, KT18 7LX

tel: **01372 840870** fax: **01372 840871**

Patient details

Name: _____
Date of Birth: _____
Address: _____

Postcode: _____
Tel: _____ Mobile: _____
Email: _____

Male Female
NHS Number _____
Patient arrival: Trolley Wheelchair Walking
Funding: NHS Self Funded Private Patient
Patient's insurance company: _____
Membership number: _____
Pre-authorisation number (if known): _____
Please note: Uninsured patients and patients without pre-authorisation are required to pay on the day of their appointment.

Referral information

MRI X-ray Ultrasound

Area to be imaged:

Creatinine level: _____
Date of test: _____

Reason for referral:

Relevant previous medical history

Details (including any surgery and current medication):

Please include copies of any recent X-rays or scan reports

Safety check

Could the patient be pregnant? Yes No
Is the patient breast feeding? Yes No
Is the patient a high infection risk? Yes No
If yes, please specify: _____
Is the patient diabetic? Yes No
Is the diabetes controlled by: Diet Insulin Tablet
Does the patient have any allergies? Yes No
If yes, please specify: _____

To be completed for all MRI examinations

MRI Contraindications - does the patient have:

A pacemaker? Yes No
A cerebral aneurysm clip? Yes No
Cochlear implants? Yes No
Neurostimulators? Yes No
Programmable hydrocephalus shunt? Yes No
Metallic foreign body in eye? Yes No
Other metallic implants? Yes No

Referring Clinician's details

IR(ME)R 2000 regulations require this form to be signed by the referring Clinician

Referrer (print) _____ Address: _____
Signature: _____ Date: _____
GMC/GP no. or equivalent _____ Tel: _____
Signature: _____ Date: _____ Email: _____
Fax: _____

For general enquiries tel: 01372 840870 email: clock.house@nhs.net

If you have been handed this referral form by your consultant and you are privately insured, please contact your insurance company to obtain pre-authorisation.
Insurance company provider numbers: BUPA - 6001 1099, AXA PPP - 96692, AVIVA - 800001500, PRU HEALTH - 1216567311