

DIAGNOSTICS IMAGING REQUEST FORM

For any queries please email: diagnostics@phoenixhospitalgroup.com or you can call 0207 079 2102.

Patient details (affix label if available) - 3 forms of ID required

(Please note, without this, we will be unable to process this request form)

Title
Forename*
Surname*
DOB* Male Female Other
Contact Telephone number

Address*

Postcode
Self Pay Insured Third Party

Examination*

Clinical indication*

Modality*

MRI
CT
US
DEXA
X-RAY

Exam required*

Preferred Radiologist:

Relevant Clinical Details (please tick appropriate box)

MRI

Cardiac pacemaker, cochlear implant, cerebral aneurysm clips?
Surgery in the last 8 weeks?
History of metallic foreign body to eye?
Possibility of pregnancy/breast feeding?
Renal impairment? If so we need eGFR before giving contrast
Does the patient have any implants/foreign bodies in their body e.g. replacement joints, plates, drug pumps, wires, clips or shrapnel?
Any allergies?
If yes, please state below exactly what

CT

Possibility of pregnancy/breast feeding?
Renal impairment? (If so we need eGFR before giving contrast)
Any history of diabetes?
Is the patient on metformin or Glucophage?
Any allergies?
If yes, please state below exactly what

DEXA

Possibility of pregnancy

Ultrasound

Possibility of pregnancy

Referring clinician's details

Referrers Declaration

Referrer name*
GMC Number* [if applicable]
Contact Number
Date
Email
Fax
Address

How would you like to receive the report [please tick]

Email Post Fax

- The correct details have been provided
- I have discussed the examination including any intervention
- I have taken into account the possibility of pregnancy
- I have given sufficient clinical information for the requested to be justified according to IR(ME)R 2017
- There are no known contra-indications to performing the requested examination
- The Ionising Radiation [Medical Exposure) Regulations 2017 require you to complete all this information accurately
- I will ensure the examination results are recorded in the patients notes
- I confirm this is my approved signature
- By sending this e-mail, I am signing this referral electronically, I agree that my electronic signature is the legal equivalent of my manual signature on this referral form and has the same validity. I consent to be legally bound by this Agreement's terms and conditions

Signed*

Date*