

# Imaging Request Form

<b>Patient Name/Label:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Home Number:</b>	
<b>Postcode:</b>		<b>Work/Mobile No.:</b>	
<b>ID/NHS:</b>			
<b>Examination Requested</b> <i>if available</i> <input type="checkbox"/> X-Ray <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <i>(please see declaration for contra indications)</i>		<b>Body part to be imaged</b>   <b>Clinical Details</b> <i>Including surgery and any medication:</i>	
<b>If contrast is required please provide the following information:</b> <i>Creatinine Level:</i> <i>Date of Test:</i> <input type="checkbox"/> CT (Available off site by discussion)			

### Referrer's Declaration.

- 1) The correct patient details have been entered.
- 2) To the best of my knowledge this patient does not have any absolute contra-indications to MRI (e.g. cardiac pacemaker, pacing wire, aneurysm clips, cochlear implant, IOFB).
- 3) I have given sufficient clinical information for the request to be justified according to IR(ME)R 2000.
- 4) I have taken into account the possibility of pregnancy.  
 Ignore LMP Ruling
- 5) I will ensure that the examination result is recorded in the patient's case notes.

**Referrer's Signature:**

**Print Name:**

**Date:**

*If applicable, I confirm to the best of my knowledge that I am not pregnant.*

**Patient's Signature:**

**I hereby give consent to the above examination and confirm that the examination/procedure has been explained to me.**

*Patient's Signature:*

*Operator's Signature:*

*Date:*

*Date:*

<b>For Imaging Department Use Only</b> Justification: This procedure has been justified under the terms of the IR(ME)R 2000 Regulations	<b>Exposure Factors</b>	
<b>Radiologist's or radiographer's signature:</b>	mAs:	
	kVp:	
<b>Billing Information (please tick):</b> <input type="checkbox"/> NHS <input type="checkbox"/> Insured <input type="checkbox"/> Self Funding	Dose:	
	Number of Images:	