

Appointment details:



## Ramsay Health Care Imaging Request Form—MRI

### Patient Details

Patient No: .....

Surname: .....

Forename: .....

Address.....

Postcode:.....

DOB: ..... Sex: .....

### Hospital Information

Ward/Dept/Hospital:.....

Clinic date: .....

Special requirements:

.....

.....

Please circle:

NHS / self pay / medico-legal / insured

### MRI Contraindications: This section must be completed by the referring clinician.

Cardiac pacemaker?	Yes	No	Diabetic?	Yes	No
Previous neurosurgery?	Yes	No	Cross infection risk?	Yes	No
Hydrocephalus shunt?	Yes	No	Any renal impairment?	Yes	No
Cochlear implant?	Yes	No	Creatinine level/eGFR: _____	Date: _____	
Metallic foreign body in the eye?	Yes	No	(only if already known and tested within 3 months)		
Any possibility of pregnancy	Yes	No	LMP: _____		

Comments \_\_\_\_\_

**Examination Requested:** \_\_\_\_\_

Clinical History and question to be answered:

### Referring Practitioners Details

Referrers Name: \_\_\_\_\_ Referrers Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Radiologist referred to: \_\_\_\_\_

Protocol/ Radiographer instructions: