

# MRI Referral Form

**Please note that we are unable to accept referrals for contrast enhanced MRI scans**

**All scans must be paid for before departure**

<b>Patient Details</b>																
Mr, Mrs, Miss, Dr, Other (please specify):			First Name:			Surname:										
Date of birth:		Male <input type="radio"/> Female <input type="radio"/>		Tel: Home		Mobile										
Address																
Email:																
Does the patient have any special requirements e.g. require an interpreter, oxygen or a wheel chair? <i>Please provide details</i>																
<b>Relevant clinical detail</b>				Patient weight:		Claustrophobic? Yes/No (Please circle)										
Please provide as much relevant clinical information as possible				Patient height:												
<b>Investigation(s) Required</b>																
Tick investigation required; please indicate which side of the body where appropriate. <b>(please note that investigations in BOLD will incur additional costs)</b>																
Knee	L	O	R	O	Lumbar spine	<input type="radio"/>	<b>Lumbar spine AND Lumbar spine weight bearing</b>	<b>Yes</b>	<input type="radio"/>	Shoulder	L	O	R	O	Brain	<input type="radio"/>
Ankle	L	O	R	O			<b>Lumbar spine AND Lumbar spine in flexion and extension</b>	<b>Yes</b>	<input type="radio"/>	Wrist	L	O	R	O		
Foot	L	O	R	O	Cervical Spine	<input type="radio"/>	<b>Cervical spine AND Cervical spine in flexion and extension</b>	<b>Yes</b>	<input type="radio"/>	Hand	L	O	R	O		
Sacroiliac joints	<input type="radio"/>				Thoracic spine	<input type="radio"/>	<b>Thoracic spine AND Thoracic spine weight bearing</b>	<b>Yes</b>	<input type="radio"/>	Elbow	L	O	R	O		
<b>Safety check as recommended by the MHRA, the referring clinician is required to assess the patient safety for MRI scans</b>																
Does the patient have any implanted metallic devices? (e.g. cardiac pacemaker, artificial heart valve, cerebral aneurysm clips, Neurotransmitter, cochlear implant etc.)											Yes <input type="radio"/>		No <input type="radio"/>			
Is the patient known to have metallic fragments in their eyes? <i>If yes, it is mandatory to exclude metal foreign bodies in the eyes by orbital X-ray. If a metallic foreign body is detected, unable to proceed with MRI.</i>											Yes <input type="radio"/>		No <input type="radio"/>			
<b>Referring Clinician's details</b>																
Mr, Mrs, Miss, Dr, Other please specify): Referrer name:					If NHS funded please provide PO Number/Invoice information											
Speciality/Profession:					Regulatory Body Registration Number (e.g. GMC, GCC, HCPC etc.)											
Hospital/Practice Name:					<b>Report and images will be sent directly to the referrer via IEP Anyone</b>											
Address					To facilitate this please provide:											
Tel:					1. Email address:											
Fax:					2. Mobile number or Additional email address:											
Email:																
<b>Emergency contact number:</b>					<b>Signature</b>			<b>Date</b>								