

Patient Referral

Patient details	
Mr Mrs Ms Miss Dr Other (please specify)	Mobility: Mobile <input type="radio"/> Non-mobile <input type="radio"/>
First Name:	Funding: Self-pay <input type="radio"/> Insured <input type="radio"/>
Last Name:	NHS <input type="radio"/> Embassy <input type="radio"/>
Date of birth: Male <input type="radio"/> Female <input type="radio"/>	Insurance company:
Address:	Policy no:
Postcode:	Pre-authorization no:
Tel: Mobile: Email:	Comments:
Region to be scanned	
Urgent <input type="radio"/> Non-urgent <input type="radio"/>	
Flexion & Extension <input type="radio"/>	
Relevant clinical details – What information are you seeking from this examination?	
Previous relevant surgery:	
Safety check (as recommended by the MHRA, the referring practitioner is required to assess patient safety for MRI scans)	
Cardiac pacemakers, spinal cord stimulators, cerebral aneurysm clips, metallic heart valves, cochlear implants are contra-indications for MRI.	
Possibility of pregnancy?: Yes <input type="radio"/> No <input type="radio"/>	
Referring practitioner	
Mr Mrs Miss Dr Other (please specify)	How would you like to receive the report? Email <input type="radio"/> Post <input type="radio"/> Fax <input type="radio"/>
Name:	Images to be given to patient on CD? <input type="radio"/>
Practice/Hospital:	Do you want the report sent to another practitioner? No <input type="radio"/> Yes <input type="radio"/> If yes please give details:
Address:	IV Contrast (Iodine or Gadolinium) To minimise the risk of contrast nephrotoxicity it is the responsibility of the referring clinician to provide an indication of renal status or to ensure that a recent eGFR and a serum creatinine level are available Serum Creatinine.....eGFR..... Date Measured.....
Postcode:	
Email:	
Tel: Fax:	Signature: Date:
Patient Referrals	Email: london@trulyopenmri.com manchester@trulyopenmri.com
London:	Tel: 020 7370 6003 Fax: 020 7373 0339
Manchester:	Tel: 0161 434 8039 Fax: 0161 434 8579