medserena
Upright MRI Centre

Medserena Upright MRI Ltd
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# Patient Self-Referral

## Patient details

| | | |
|---|---|---|
| Mr Mrs Ms Miss Dr Other (please specify) | | Mobility: Mobile ○ Non-mobile ○ |
| First Name: | | |
| Last Name: | | |
| Date of birth: | Male ○ Female ○ | |
| Address: | | |
| | | |
| Postcode: | | |
| Tel: | **Mobile:** | **Email:** |

## Region to be scanned

## Relevant clinical details – What information are you seeking from this examination? Medical complaint/Reassurance

## 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 ○ No ○

## GP or Practitioner Details

| | | |
|---|---|---|
| Mr Mrs Miss Dr Other (please specify) | | |
| Name: | | |
| Practice/Hospital: | | |
| Address: | | |
| | | It is a requirement that we communicate results to a doctor or responsible health professional so that they can make recommendations about your future care. By signing below you acknowledge that a copy of your report will be sent to your GP or responsible health professional. Additionally, neither the centre nor the reporting Radiologist is able to discuss the findings of the scan directly with the patient. By signing below you acknowledge that any and all enquiries regarding the content of the report and recommendations (if any) must be conducted with your GP or responsible health professional. |
| Postcode: | | |
| **Email:** | | |
| Tel: | Fax: | |

| | | | |
|---|---|---|---|
| **Patient Referrals** | Email: | **bookings@trulyopenmri.com** | Signature: Date: |
| | Web: | **www.trulyopenmri.com** | |
| **London:** | Tel: | **020 7370 6003** | |
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