|  |  |  |  |
| --- | --- | --- | --- |
| Patient Information  Hospital number:       Inpatient:  Yes  No  Title:       Surname:  Forename(s):  Address:        Postcode:  Date of birth:     /     /      Gender:  Male  Female  Contact Tel:       Mobile No.:  Email:  Interpreter required:  Yes  No Language:  Appointment Booked:     /     /      Time: | | Payment Details  Payment Method:  Insurance  Embassy  Self-Funding  Payment Provider: | |
| **Special Instructions**  Book scan for week commencing:     /     /  Result of scan required by:     /     /  Previous imaging and/or report(s) attached:  MRI  CT  PET-CT  Ultrasound  X-ray  Nuclear Medicine  Echocardiography | |
| **Additional Information**  Patient transport:  Walking  Wheelchair  Bed  Infection Risk:  Yes  No Details:    Allergies:  Claustrophobic:  Yes  No Pregnant:  Yes  No  Oxygen:  Yes  No Asthma:  Yes  No  Cardiac arrhythmia:  Yes  No  Recent surgery:  Yes  No Please specify:    Diabetic:  Yes  No  Diabetes controlled by:  Diet  Tablets  Insulin  Weight:       kg | |
| **Requested Procedure**  MRI  Nuclear Medicine\*  CT  Bone Densitometry\*  PET-CT  Ultrasound\*  X-ray  Other (please state)  Please provide details of the procedure(s): | |
| **CT/MRI**  Reaction to contrast media:  Yes  No  Kidney disease/surgery:  Yes  No  Dialysis:  Yes  No  eGFR/      mL/min     /     /  Creatinine:      mL/min     /     / | **MRI**  Metallic fragments in body:  Yes  No  Cardiac pacemaker/ICD:  Yes  No  Cochlear implant:  Yes  No  Intracranial aneurysm:  Yes  No  Other metallic implants:  Yes  No | | **PET-CT**  Chemotherapy:  Yes  No  Last session:     /     /     Next session:     /     /  Radiotherapy:  Yes  No Last session:     /     /  Recent biopsy:  Yes  No Specify where: |
| Clinical Indication for Examination  Please summarise relevant history, clinical findings and previous test results.            Please indicate the question that the examination aims to answer: | | | |
| Referrer name:  GMC:  Address:        Postcode:  Tel:  Email:  **Signature:**  Date:     /     / | | **N.B. This form is a legal document – Referrer’s Declaration**  The correct patient details have been provided. I have discussed the examination, including any intervention with the patient / guardian. I have taken into account the possibility of pregnancy.  I have given sufficient clinical information for the request to be justified according to IR(ME)R 2000 (if applicable). I will ensure that the examination results are recorded in the patient’s notes. | |
| **TO BE COMPLETED BY RB&HH STAFF ONLY**  Imaging approved:    Authorising person:  **Signature:** Date:     /     / | |

\*These tests will be undertaken at Royal Brompton Hospital

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**Important Information**

To help ensure you are appropriately prepared for your scan, please discuss any of the following relevant points with your doctor prior to your appointment:

* Have you been advised that there is any special preparation for your test? Have been asked to fast or remain free of caffeine?
* Have you informed your doctor if you have any allergies, kidney problems or that you are taking any medications?
* Have you informed your doctor if you have any metal in your body such as a pacemaker, fragments or stents?
* Have you informed your doctor if you are pregnant?
* Have you informed your doctor if you have had any major surgery or illness recently?
* Please wear loose and comfortable clothing on the day of your scan and avoid wearing jewellery or clothes containing metal, such as zips.

Please be advised that if you have not been appropriately prepared, it may result in the cancellation of your test on the day. If you are in doubt about any of the above please contact our Imaging Department at your earliest convenience on   
**020 7351 8186** or **diagnosticwimpole@rbht.nhs.uk**

**How to find us**

**Royal Brompton & Harefield Hospitals Specialist Care  |  Outpatients and Diagnostics | 77 Wimpole Street, London W1G 9RU**Tel: **020 7351 8186** | Email: [**rbh-tr.diagnosticwimpole@nhs.net**](mailto:rbh-tr.diagnosticwimpole@nhs.net) | RB&HH Imaging Request Form – July-16 | Copyright © 2016

RB&HH Specialist Care Outpatients and Diagnostics is conveniently located in the Harley Street Medical Area and is easily accessible by public transport. Our entrance is located   
at **77 Wimpole Street.**

**By underground**

It is less than 10 minutes walk from both **Oxford Circus Station,** which is on the Central, Bakerloo and Victoria Lines, and **Bond Street Station** via the Central and Jubilee Lines.

**By bus**

A number of buses serve Oxford Street, which is less than   
10 minutes walk to our location.

**By car**

Paid public car parking (P) is available at Q-Park Oxford Street, Cavendish Square, W1G OPN. You can pre-book your parking through the Q-Park website: **www.q-park.co.uk**

RB&HH Specialist Care Outpatients and Diagnostics is inside London’s Congestion Charge zone. Please note that you are responsible to ensure you make this payment. For further travel options and directions please visit **tfl.gov.uk**