Imaging Request

RB&HH SPECIALIST CARE

77 Wimpole Street | Outpatients and Diagnostics
Tel: 020 7351 8186 | **Email:** diagnosticwimpole@rbht.nhs.uk **or** rbh-tr.diagnosticwimpole@nhs.net

Royal Brompton & Harefield Hospitals

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: .....

Requested Procedure

☐ **MRI**
☐ **CT**
☐ **PET-CT**
☐ **X-ray**
☐ **Nuclear Medicine***
☐ **Bone Densitometry***
☐ **Ultrasound***
☐ **Other (please state)**

Please provide details of the procedure(s): .....

.....

.....

.....

.....

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

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.

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.....

.....

.....

.....

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

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**