MedTel international

# Diagnostic Imaging Request Form

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|---|---|---|
| ☐ Cardiff<br>Fax: 02920 735262 | ☐ Chelmsford<br>Fax: 01245 344 150 | ☐ City of London<br>Fax: 0207 702 2712 |
| ☐ Coventry<br>Fax: 02476 604 526 | ☐ Croydon<br>Fax: 0208 655 2206 | ☐ Harley Street<br>Fax: 0207 636 4227 |
| ☐ Swindon<br>Fax: 01793 812254 | ☐ North London<br>Fax: 0208 905 9166 | ☐ West Sussex<br>Fax: 01903 502426 |

## Patient Details:

Surname:
First Names:
Date of Birth: Male ☐ Female ☐
Address:

Home Tel: Work Tel:
Mobile Tel:

## Referring Clinician Information:

Name:
Address:

Tel:
Fax:
Signature: Date:

## Clinical Information:

L.M.P:

**Pregnancy Rule:** In all women of reproductive capacity, the clinician should consider the possibility of an early pregnancy. For most examinations, the risk to the foetus is negligible during the first 28 days following commencement of the last period. However, examinations involving a high dose to the pelvis (i.e. Abdominal or Pelvic CT, Barium Enema) should be confined to the first 10 days unless there are overriding clinical indications.

**To be completed by patient if 28 day rule is exceeded.**

**I confirm that I am not pregnant** **Signature:** **Date:**

## MRI Examination:

Area to be scanned:

| Does the patient have: | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| - A Cardiac Pacemaker | ☐ | ☐ | - Any Metallic Implants | ☐ | ☐ |
| - A Cochlear Implant | ☐ | ☐ | - Metallic Fragments in Eyes | ☐ | ☐ |
| - 1st Trimester Pregnancy | ☐ | ☐ | - Other | ☐ | ☐ |

## X-ray / CT Examination:

Please specify view(s) required:
Area to be scanned

| Does the patient have/take | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| - Renal Impairment | ☐ | ☐ | - Metformin | ☐ | ☐ |
| - Asthma | ☐ | ☐ | - Thyrotoxicosis | ☐ | ☐ |
| - Insulin Dependent Diabetes | ☐ | ☐ | - Allergies | | |

Exposure Factors / Dose (Radiographer Use): Signature:

**Exposure To Ionising Radiation Regulations:** The Practitioner requesting the X-ray / CT examination must be satisfied that it is necessary and that it will directly affect patient management. It must be ensured that the investigation has not already been carried out at this Centre or elsewhere. Any proposed deviation from the current Royal College of Radiologist's guidelines must be discussed with a radiologist. Each request must be signed by a medical practitioner.

## Ultrasound Examination:

Area to be scanned:
Biopsy Required: Yes ☐ No ☐ Specify:

## For Office Use Only:

Radiologists Protocol: Radiographer / Comments:
Hospital/Imaging No: Charge Master Code: Impairment Code:
Contrast Media:Type Quantity Lot Exp

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