

RADIOLOGY REQUEST FORM



THE
PRINCESS GRACE
HOSPITAL

42-52 NOTTINGHAM PLACE

X-ray Appts Line: 020 7908 2000

Main Fax: 020 7908 2010

CT Appts: 020 7908 2007

MRI Appts: 020 7908 2011 Fax: x2339

Mammography: 020 7908 2003/4

Osteoporosis Appts: 020 7908 2008

30 DEVONSHIRE STREET

X-ray Appts line: 020 7908 3666

X-ray Fax: 020 7908 3665

MRI Appts: 020 7908 3741

MRI Fax: 020 7908 3739

**PLEASE SEND ALL RELEVANT
IMAGING WITH PATIENT**

**For billing purposes please tick
correct box**

Bill to patient:

Bill to insurance/company:

Bill to client account/consultant:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Patient Name:

DOB:

Hospital number X:

Address:

.....

Daytime tel.no:

Mobile:

Radiology Appointment

Date:

Time:

Referring Doctor:

Address for results:

.....

Tel :

Fax:

Date next appointment with Dr:

For females (12-55yrs):

LMP date:

Could you be pregnant: Y N

Signed: Date:

Check Lists

For CT Scan, IVU & interventional procedures

Please indicate if the patient is

Diabetic on Metformin? Y N

Asthmatic/allergic to contrast? Y N

Other Allergies? Y N

Taking Anticoagulants/antiplatelet drugs? Y N

Eg Warfarin, Aspirin or Plavix (Clopidogrel)

*If the answer is yes to any of these questions and you are unsure
if this will affect the procedure, contact X-ray dept for guidance.*

Examination(s) Required:

.....

For MRI patients:

Please notify department of any MRI contraindications prior to attending appt eg. history of intra-orbital foreign bodies, intra-cranial aneurysm clip, pacemaker, cochlear implants, prosthetic heart valve, pregnancy or any recent surgery.

Clinical Information: Examination cannot be performed without sufficient clinical information (Ionising Radiation Medical Exposure Regulations 2000):

.....

Date:

Doctor's Signature:

Justified by:

Radiographer:

Date:

Rad dose:

DRUGS/CONTRAST:

.....

ADDITIONAL COMMENTS:

.....