



KING EDWARD VII'S HOSPITAL

Diagnostic Imaging Request Form

Imaging Department, Beaumont Street, London W1G 6AA
Tel: 0800 975 8383 Fax: 020 7467 4349 Email: imagingsecretary@kingedwardvii.co.uk
Website: kingedwardvii.co.uk

Patient's details

Title

Surname

Forename

Hospital Number

DOB (DD/MM/YY)

Telephone

Address

Insurance Corporate Account
 Self-Pay Other

- King Edward VII's Hospital does not accept patients under 18 years of age
- Insured patients are asked to obtain pre-authorization before their appointment
- Self-Pay patients are required to settle the account on the day
- Please bring any previous imaging for comparison

Examination requested

X-Ray Ultrasound
MRI Fluoroscopy
CT Cardiac Echo
Mammography Other

Details:

Clinical indications and clinical question

Referrer's details

Full name

Telephone

Address

Preferred Radiologist

Signed

Date

- Referrer's Declaration**
- The correct 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 2017
 - I will ensure the examination results are recorded in the patient record