



KING EDWARD VII's  
HOSPITAL

# Diagnostic Imaging Request Form

Imaging Department, 50-54 Beaumont Street, London, W1G 6DW  
Tel: 020 7467 4317 / 020 7467 4582 Fax: 020 7467 4395 Email: [imagingsecretary@kingedwardvii.co.uk](mailto:imagingsecretary@kingedwardvii.co.uk)  
If you require Breast Imaging please email [breastimaging@kingedwardvii.co.uk](mailto:breastimaging@kingedwardvii.co.uk) or phone 020 7467 4584  
Website: [kingedwardvii.co.uk](http://kingedwardvii.co.uk)

## Patient details

Title*	<input type="text"/>
Surname*	<input type="text"/>
Forename*	<input type="text"/>
How would you like to be referred to/ preferred name?	<input type="text"/>
Hospital Number*	<input type="text"/>
DOB (DD/MM/YY)*	<input type="text"/>
Telephone	<input type="text"/>
Address*	<input type="text"/>
Email Address	<input type="text"/>

## Examination requested

X-Ray	<input type="checkbox"/>	MRI	<input type="checkbox"/>	CT	<input type="checkbox"/>	Mammography	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	Fluoroscopy	<input type="checkbox"/>	Cardiac Echo	<input type="checkbox"/>	DEXA	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="text" value="Please specify"/>					

## Is the patient pregnant or may be pregnant?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of LMP	<input type="text"/>
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## Safety checks for CT and MRI patients - does the patient have:

Cardiac pacemaker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cranial aneurysm clips	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Replacement heart valve, coils or stents	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Claustrophobic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cochlear implants	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes with insulin pump or glucose reader (please remove)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Metal implants/prosthesis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Orbital/other metal fragments	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
History of renal impairment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any contrast reactions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## Does the patient require:

A Wheelchair	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	A Hoist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Visual assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Where is the patient going next?	Clinic	<input type="checkbox"/>	Home	<input type="checkbox"/>
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## Payment method

Inpatient	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Corporate Account	<input type="checkbox"/>	Self-Pay	<input type="checkbox"/>
Other	<input type="text"/>						

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

If you require any support to complete forms, to read or to understand the information we send you; or additional support to attend your hospital appointment please let us know.

## Clinical indications and clinical question

## Preferred radiologist

## e\_GFR

Date	<input type="text"/>	Value	<input type="text"/>
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## Referrer's details

Full name*	<input type="text"/>
Telephone	<input type="text"/>
Address	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

## Referrer's declaration

- The correct details have been provided
- I have discussed the examination, including cost inclusions / exclusions where appropriate and 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



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1

## Main Hospital

King Edward VII's Hospital, 5-10 Beaumont Street, London, W1G 6AA

2

## Emmanuel Kaye House

37 Devonshire Street, London, W1G 6QA

3

## The Charterhouse

56 Weymouth Street, London, W1G 6NX

4

## King Edward VII's Hospital Medical Centre (Outpatients, Imaging and Pharmacy)

54 Beaumont Street, London, W1G 6DW

5

## Conference Rooms & Offices

Agnes Keyser House, 55-56 Beaumont Street, London, W1G 6DP