



# Diagnostic Imaging Request Form for Non-medical Referrers

## The David Thompson Imaging Suite

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)

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### Patient details

Title\*

Surname\*

Forename\*

How would you like to be referred to/ preferred name?

Hospital Number

DOB (DD/MM/YY)\*

Telephone

Address\*   
House number and Postcode sufficient

Email Address

- Insured patients are asked to obtain pre-authorisation before their appointment
- Self-Pay patients are required to settle the account on the day and sign a consent form
- Please bring any previous imaging for comparison

### Payment method

Inpatient  Insurance  Corporate Account  Self-Pay

Other

### Examination requested\*

MRI 3T  Ultrasound

### Exam area

Please specify

### Clinical indications and clinical question\*

### Is the patient pregnant or may be pregnant?

Yes  No  Date of LMP

### Preferred radiologist

Monica Khanna  Miny Walker

### Safety checks for 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 allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Referrer's details

Full name\*

Telephone\*

Email\*

Address\*   
House number and Postcode sufficient

Signature\*

Date\*

### Does the patient require:

A Wheelchair Yes  No  A Hoist Yes  No

Hearing assistance Yes  No  Visual assistance Yes  No

Where is the patient going next? Clinic  Home

- ### Referrer's declaration
- The correct details have been provided
  - I have discussed the examination, where appropriate and any intervention with the patient/guardian
  - I am aware of the safety in MRI in accordance to the MHRA Guidelines
  - I have taken into account the possibility of pregnancy
  - I have completed all mandatory fields marked with an astrix (\*) in accordance to MHRA
  - I am fully compliant and onboarded to King Edward VII's Hospital
  - I am aware that I cannot refer out of my scope of practice.