



**DIAGNOSTIC & IMAGING CENTRE**  
KING EDWARD VII'S HOSPITAL

# Diagnostic Imaging Request Form

## 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)

Last amended: 17 July 2024

### 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

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

Yes  No  Date of LMP

### 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  Home

### Payment method

Inpatient  Insurance  Corporate Account  Self-Pay

Other

Insurer

Authorisation code

### Examination requested\*

MRI 3T  X-Ray  CT

Mammography  Ultrasound  Fluoroscopy

Cardiac Echo  DEXA

Exam area Please specify

Previous breast imaging Yes  No

If yes, hospital and date:

### Clinical indications and clinical question\*

### Preferred radiologist (optional)

### e\_GFR

Date  Value

### Referrer's details

Full name\*

Telephone\*

Email\*

Address\* House number and Postcode sufficient

Signature\*

Date\*

### Referrer's declaration

- The correct details have been provided
- I have discussed the examination, 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 have completed all mandatory fields marked with an asterisk (\*), according to IR(ME)R 2017



**DIAGNOSTIC &  
IMAGING CENTRE**  
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)



**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