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
If you require Breast Imaging please email breastimaging@kingedwardvii.co.uk or phone 020 7467 4584
Website: kingedwardvii.co.uk

Patient details

Title*

Surname*

Forename*

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

Hospital Number*

DOB (DD/MM/YY)*

Telephone

Address*

Email Address

Examination requested

X-Ray ☐ MRI ☐ CT ☐ Mammography ☐

Ultrasound ☐ Fluroscopy ☐ Cardiac Echo ☐ DEXA ☐

Other ☐ *Please specify*

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 ☐	No ☐
Cranial aneurysm clips	Yes ☐	No ☐
Replacement heart valve, coils or stents	Yes ☐	No ☐
Claustrophobic	Yes ☐	No ☐
Cochlear implants	Yes ☐	No ☐
Diabetes with insulin pump or glucose reader (please remove)	Yes ☐	No ☐
Metal impants/prosthesis	Yes ☐	No ☐
Orbital/other metal fragments	Yes ☐	No ☐
History of renal impairment	Yes ☐	No ☐
Any contrast reactions	Yes ☐	No ☐
Any allergies	Yes ☐	No ☐

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 ☐

Payment method

Inpatient ☐ 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-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 Value

Referrer's details

Full name*

Telephone

Address

Signature

Date

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 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