DIAGNOSTIC & IMAGING CENTRE
KING EDWARD VII'S HOSPITAL

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

Last amended: 12 January 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 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 implants/prosthesis	Yes	No
Orbital/other metal fragments	Yes	No
History of renal impairment	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

Examination requested*

MRI 3T Ultrasound

Exam area

Please specify

Clinical indications and clinical question*

Preferred radiologist

Monica Khanna Miny Walker

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 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.