

THE New Foscote HOSPITAL

The New Foscote Hospital, 2 Foscote Rise, Banbury, Oxfordshire OX16 9XP Tel 01295 252281

Imaging Request Form

Patient Surname:		Referring Clinician:	Hospital Number:
Patient Given Name:	DOB:		
Patient Address:		Patient Contact Details:	
		Billing details Self-Pay: <input type="checkbox"/> Insurance Company:	
		Membership No:	
Postcode:	Sex:	Authorisation No:	

Referrer's declaration (NB: This form is a legal document) I have discussed the examination with the patient/guardian. Examinations can NOT be performed without sufficient clinical information and a doctor's signature in line with Ionizing Radiation (Medical Exposure) Regulations 2000. Correct patient details have been given (Areas in **BOLD** must be completed).

AREAS TO BE IMAGED:

EXAMINATION REQUESTED:

Is this case urgent? **Yes** **No**

X-RAY ☐

ULTRASOUND ☐

INJECTIONS ☐

Please complete reverse section on Injections

MRI ☐

Please complete reverse section on MRI

CT ☐

DEXA ☐

MAMMOGRAPHY ☐

CLINICAL DETAILS: including any surgery and current medication

Is the patient breast feeding?

Is the patient a high infection risk?
If yes, please specify.

History of allergies?

Email address you would like the report sent to:

REFERRER'S NAME:	SIGNATURE:	DATE:

FOR IMAGING DEPARTMENT USE ONLY

JUSTIFICATION: THIS PROCEDURE HAS BEEN JUSTIFIED UNDER THE TERMS OF THE IR(ME)R REGULATIONS

MAS:	
KVP:	
VIEW	VIEW
cGyCm2	cGyCm2
VIEW	VIEW
cGyCm2	cGyCm2
NUMBER OF IMAGES:	
NUMBER OF REJECTED:	

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE, I AM NOT PREGNANT

PATIENT SIGNATURE:

RADIOLOGIST OR RADIOGRAPHERS SIGNATURE:

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*Warning MRI:

Does the patient have a cardiac pacemaker?	Y	N	Has the patient had any brain surgery?	Y	N
Does the patient have artificial heart valve?	Y	N	Has the patient got any metal in their body?	Y	N
Has the patient ever had metal fragments in their eyes?	Y	N			

*Patients undergoing injections:

Warfarin/blood thinning medicines?	Y	N	Epilepsy/backouts/fits?	Y	N
Allergies?	Y	N	Driving home?	Y	N
Asthmatic	Y	N	Steroid injection in the last 3 months?	Y	N
Heart disease/high blood pressure?	Y	N			