



Bookings:  
Tel 020 7637 2888  
Fax 020 7637 5888

**PLEASE COMPLETE ALL SECTIONS OF THIS REQUEST FORM - THANK YOU**

## PATIENT REQUEST FORM FOR ENHANCED SCANS

Patient's surname:

First name:

Patient's address

Referring Doctor: **Please PRINT**

Address:

Telephone:                      Fax:

Male / Female	Date of Birth:
Start of last menstrual period:	
I confirm that I am not pregnant <input type="checkbox"/>	
I agree to an MRI scan even though I could be pregnant <input type="checkbox"/>	
Signed (patient):	
Radiographer:	
Date:	
Patient's current medication:	
Patient's allergy history: MRI WARNINGS:	
Please check for pregnancy, aneurysm clips, cochlear implants, pacemaker.	

Patient's insurance company:	Membership number:	Pre-authorisation number:
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**Uninsured patients and patients without pre-authorisation are required to pay on the day. Please check when booking for requirements of Letters of Guarantee etc.**

**IMPORTANT**

Please note if your patient has a history of metal in the eyes having entered at high speed a reported x-ray must prove no evidence of metal prior to the booking being made.

Details of heart valves and stents must be supplied as to the make and year of manufacture. Otherwise there may be a delay in your patient's MRI.

**PRIOR TO MR CONTRAST ADMINISTRATION**

PLEASE TICK ALL THAT APPLY	YES	NO
Is there a history of kidney disease / surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient on dialysis?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If YES GFR should be measured</b>		
Serum creatinine / estimated GFR	_____	
Date measured	_____	

**Please indicate which scan you require and give date and time if already booked**

Date	Time
CD	Film

Please indicate format you would prefer the images to be returned to you

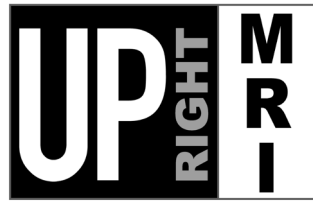
Please make sure all previous films are sent with the patient.

Provisional diagnosis, summary of history, clinical examination and information you require from the tests:

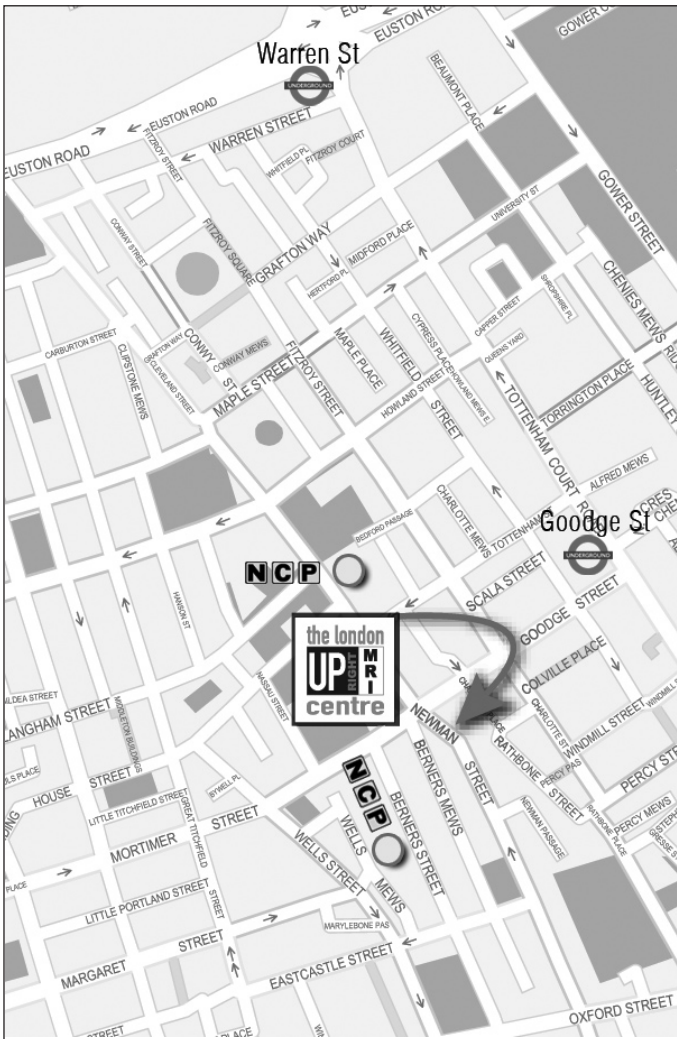
Results of other investigations:

Clinician's signature:	Date:
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Address / fax number for report if different from above:	Practitioner or operator authorising procedure
Results required by:	.....



## HOW TO FIND US



**By car:** Metered parking, including a disabled bay, is available on Newman Street. The Nearest NCP is in London Sanderson Hotel on Wells Mews London W1T 3NG

**By bus:** All buses that go through Tottenham Court Road or Oxford Street (near Tottenham Court Road end) are suitable.

**By rail:** The nearest main line station is Euston.

Also accessible from other London Terminals via tube.

**By tube:** We are 5 minutes walk from Goodge Street Tube Station and 10 minutes from Oxford Circus.

The London Upright MRI Centre  
Julia House  
44 Newman Street  
London W1T 1QD  
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Fax: +44 (0)20 7637 5888  
email: [info@uprightmri.co.uk](mailto:info@uprightmri.co.uk)  
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