Imaging Request Form

Please indicate referral location

THE PRINCESS GRACE HOSPITAL
part of HCA Healthcare UK

☐ **The Princess Grace Hospital**
42-52 Nottingham Place, London, W1U 5NY
Fax: **020 7908 2010**
Appointments/enquiries: **020 7908 2000**
Email: **pgradiology@hcahealthcare.co.uk**

☐ **The Orthopaedic Centre**
30 Devonshire Street, London, W1G 6PU
Fax: **020 7908 3739**
Appointments/enquiries: **020 7908 3741/3668**
Email: **pgradiology@hcahealthcare.co.uk**

☐ **London Digestive Centre &**
London ENT & Balance Centre
41 Welbeck Street, London, W1G 8EA
Fax: **020 3905 3996**
Appointments/enquiries: **020 3905 3915**
Email: **ldcadmin@hcahealthcare.co.uk**

PLEASE SEND ALL RELEVANT IMAGING WITH THE PATIENT

Patient Name: ……

DoB: ……/……/…… Hospital No: **X**……

Address: ……

……

Daytime Tel: …… Mobile: ……

Email: ……

(Females 12-55yrs): LMP date: ……

Could you be pregnant? ***Y / N***

Signed by patient: ……

Referring Doctor: ……

Address for results: ……

……

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Tel: …… Fax: ……

Signed by referrer: ……

Date: ……

Examination required:

Clinical indication:

Examinations cannot be performed without sufficient information in line with the Ionising Radiation (Medical Exposure) Regulations 2000

Justified by: ……

Radiographer: ……

Date: ……

Rad dose: ……

Drugs/Contrast: ……

Additional comments: ……

……

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MRI: Does the patient have any of the following contraindications? (please tick)

	YES	NO
• History of intra-orbital fb	☐	☐
• Intracranial clips	☐	☐
• Pacemaker	☐	☐
• Cochlear implants	☐	☐
• Prosthetic heart valve	☐	☐
• Pregnancy	☐	☐
• Recent Surgery	☐	☐

Checklist for CT scan, MRI & Interventional Procedures:

Patient information:	YES	NO
• Diabetic on Metformin	☐	☐
• Asthmatic or allergic to contrast	☐	☐
• Other allergies	☐	☐
• Any kidney problems	☐	☐
• Taking anticoagulants/antiplatelet drugs e.g. Warfarin, Aspirin or Plavix (Clopidogrel)	☐	☐

• EGFR result: …… Date: ……

If the answer is yes to any of these questions and you are unsure if this will affect the procedure, please contact the Imaging Department for guidance.