



Patient Referral Form

Croydon MRI Centre

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WARNING
Cardiac pacemakers, Cerebral aneurysm clips and Metallic foreign bodies in the eye are ABSOLUTE CONTRA-INDICATIONS for MRI.

Patient Details: Hospital No: _____ Full name: _____ Address: _____ _____ _____ Postcode: _____ Daytime Telephone: _____ Evening Telephone: _____ Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Referring Consultant: Name: _____ Address for films and report: _____ _____ _____ Postcode: _____ Telephone: _____ Fax: _____
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Inpatients: <input type="checkbox"/>	Is there a possibility of Pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Outpatients: Ward: _____	Hospital: _____	
Transport required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mode of Transport: Walking <input type="checkbox"/> Trolley <input type="checkbox"/> Chair <input type="checkbox"/> Bed <input type="checkbox"/>	

Preferred Consultant Radiologist: _____

Examination Requested: Urgent Routine

Please specify whether conventional or open MRI required (delete as appropriate)

Area(s) to be examined/scanned:

Previous Surgery (please specify): _____

Previous Imaging (please specify): _____

SIGNATURE: _____	DATE: _____
PRINT NAME _____	BLEEP/EXTENSION NO: _____

Please fax completed forms (two pages) to fax number as above.

Funding Authorisation:



Patient funding (please delete as appropriate):

Self Funded

Insured

NHS Funded

Referral Details

Number of parts to be scanned 1 2 3 4 5 6

Parts to be scanned: Please specify

Reasons for an Open MRI scan:

Claustrophobic Bariatric Other (please delete as appropriate)

Cost £ _____

Billing/approval information for NHS patients

Hospital, Trust, etc (full details please):

Department:

Address :

.....

PO/Reference:

Contact Name:

Contact Position:

Contact Number:

Email:

By signing below you are duly authorising InHealth to undertake the scan requested by the referring clinician.

Signature of Approving Contact

.....
(Please print name after signature)

This authorisation form has to be completed and presented with the referral request. Please note that we are unable to scan NHS patients without prior funding authorisation.

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