



— nothing is more important than health



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REFERRER DETAILS

Referrer's Name:

Address:

Telephone / Bleep:

Fax:

Medical Council No:

PATIENT DETAILS

Patient Name:

Address:

Date of Birth: DD/MM/YYYY

Mobile No.:

Email:

Mobility Status: Walking Chair Trolley
Urgent Routine

EXAMINATION DETAILS

CT X-Ray Ultrasound

MRI DXA OPG

Examination Requested:

Last Menstrual Period:

Previous Examination: Yes No

Date of Previous Examination:

Creatinine / eGFR:

PAYMENT DETAILS Hospital Patient

Inpatient Outpatient

Private Patient

Private Insurance Insurer: Self Paying

CLINICAL INFORMATION

ALLERGIES

Referrer's Signature:

Date:

CONTRA-INDICATIONS TO MRI: If your patient has any implant/device please note on Referral. Patients with cardiac pacemakers, defibrillators, neuro-stimulators and intra-orbital foreign bodies are contra-indicated for MRI. Certain heart valves, intracranial aneurysm clips, stents, shunts and other implantable ferromagnetic or electrical devices may also not be suitable for scanning.

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