

MRI Request Form



Safety Checklist: Referrers must complete the following MRI safety questions to comply with the RCR guidelines and MHRA to ensure patient safety before the procedure.

Patient details				Safety checklist	
First name:				Does the patient have a cardiac pacemaker?	Yes No
Surname:				Does the patient have aneurysm clips or hydrocephalus shunt?	Yes No
Address:				Has the patient had a cochlear implant?	Yes No
Postcode:				Has the patient had a neurostimulator implant?	Yes No
Date of birth:	___ / ___ / ___	Male	Female	Is there a history of metallic foreign bodies in the eye?	Yes No
Tel (home):				Is the patient pregnant?	Yes No
Mobile:				Is the patient claustrophobic?	Yes No
Email:					
Self-pay	Insured			Other metallic implant?	Yes No
Insurers name:				If yes please specify any other implant.	
Policy number:					

Referral information

Centre:	Cambridge	Maidstone	Milton Keynes	Oxford	Windsor
Please specify the reason for referral:					

Area(s) to be scanned	Additional information				
	Required urgently?	Yes	No	Preferred date:	
	IV Contrast needed?	Yes	No		
	For patient having IV Contrast, does the patient suffer from any allergies, renal disease, diabetes or are they breast-feeding?				

Referring consultant details

Name:					
Address:	Please specify how you would like to receive the clinical report:				
Postcode:	Email	Post	Fax		
Email:	By signing, you have understood the contraindications for MRI scanning and are authorising GenesisCare to undertake the scan requested.				
Tel:	Fax:	Signature:	Date:		

Please post, fax or email this form to GenesisCare, MRI Department:
Cambridge: Fordham Rd, Newmarket CB8 7XN, UK Phone: 01223 816 789 Fax: 01638 662 134 Email: newmarket.enquiries@genesiscare.com
Maidstone: 17 Kings Hill Avenue, Kings Hill, West Malling, ME19 4UA Phone: 01732 385 082 Fax: 01732 841 333 Email: maidstone.enquiries@genesiscare.com
Milton Keynes: Sunrise Parkway, Linford Wood East, Milton Keynes, MK14 6LS Phone: 01908 986 397 Fax: 01908 238 415 Email: miltonkeynes.enquiries@genesiscare.com
Oxford: Sandy Lane West, Peters Way, Littlemore, Oxford, OX4 6LB Phone: 01865 237 700 Fax: 01865 770 016 Email: oxford.enquiries@genesiscare.com
Windsor: 69 Alma Road, Windsor, Berkshire, SL4 3HD Phone: 01753 418444 Fax: 01753 864 306 Email: windsor.enquiries@genesiscare.com

GenesisCare use only

Exam approved:	Yes	No	Standard sequence	Standard sequence and review
Date:	If for review, radiographers / radiologist's notes			
Time of appointment:				