

Enfield Alliance MRI

MRI Scan Request

Patient Details

Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Tel no: _____ Mobile: _____

Email: _____

Male ☐ Female ☐ NHS No: _____
(Mandatory information)

Ethnic Group

White ☐ Mixed ☐ Asian ☐
Black ☐ Chinese ☐ Other ☐

Patient Source GP ☐ Private ☐

Clinical Details

Please give brief patient history & provisional diagnosis:

Please ensure that your patient does not have any metal splinters in their eyes, cardiac pacemaker, cerebral aneurysm clips, metal implants, or any other condition which contra-indicates MRI.

Areas to be imaged

BrainCervical ☐ SpineHip L/R ☐

IAMsThoracic ☐ SpineKnee L/R ☐

☐ PituitaryLumbar ☐ SpineAnkle L/R ☐

☐ OrbitsPelvisFoot ☐ L/R ☐

AngiogramSI ☐ JointsShoulder ☐ L/R ☐

Other (please specify)

Referring Clinician Details

Clinician's name: _____

Practice name: _____

Practice address: _____

Practice location code: _____

Telephone: _____

Fax / Email: _____

Referring Clinician's signature: _____

Date: _____

Safety

Weight (max 250Kg):

Serum Creatine Level:

A partnership between the NHS and Alliance Medical

For General Enquiries:

Enfield Alliance MRI, Chase Farm Hospital, The Ridgeway, Enfield. EN2 8JL
Tel: 020 8375 2574 Email: enfield.alliance@nhs.net or enfield@alliance.co.uk