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

First name	
Surname	
Address	
Postcode	
Date of birth	Male ○ Female ○
Tel (home)	
Mobile	
Email	
Self-pay ○ Insured ○	
Insurers name	
Policy number	

Safety Checklist

Does the patient have a cardiac pacemaker?	Yes ○ No ○
Does the patient have aneurysm clips or hydrocephalus shunt?	Yes ○ No ○
Has the patient had a cochlear implant?	Yes ○ No ○
Has the patient had a neurostimulator implant?	Yes ○ No ○
Is there a history of metallic foreign bodies in the eye?	Yes ○ No ○
Is the patient pregnant?	Yes ○ No ○
Is the patient claustrophobic?	Yes ○ No ○
Other metallic implant	Yes ○ No ○
If yes please specify any other implant...	
If yes please specify any other implant···	

Referral Information

Centre	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	
Postcode	
Email	
Tel	Fax

Please specify how you would like to receive the clinical report:

Email ○ Post ○ Fax ○

By signing, you have understood the contraindications for MRI scanning and are authorising GenesisCare to undertake the scan requested.

Signature _____ Date _____

Please post, fax or email this form to GenesisCare, MRI Department:
Windsor: GenesisCare, 69 Alma Road, Windsor, Berkshire, SL4 3HD **Phone**: 01753 418444 **Fax**: 01753 864 306 **Email**: windsor.enquries@genesiscare.com
Oxford: GenesisCare, Sandy Lane West, Peters Way, Littlemore, Oxford, OX4 6LB **Phone**: 01865 237 700 **Fax**: 01865 770 016 **Email**: oxford.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		