EAST LANCASHIRE MAGNETIC RESONANCE IMAGING

Magnetic Resonance Imaging Unit
Royal Blackburn Hospital, Haslingden Road, Blackburn, BB2 3HH
Tel: (01254) 734205

REQUEST FORM FOR MAGNETIC RESONANCE IMAGING

It is important that this form is completed fully so that the correct examination is carried out and maximum benefit obtained. No appointment will be made if insufficient information is given or request form not signed.

CONSULTANT REFERRALS ONLY

PMI ..... Pt Tel No. ..... Hospital .....

Surname ..... Age ..... DOB ..... Ward/Dept. .....

Forenames ..... Wt (Kg) ..... Sex ..... Consultant .....

Address ..... Ext .....

..... PP ☐ NHS ☐ Walking/Chair/Trolley/Ambulance

Last Examination:

Date			
Number			
Where			

GPName .....

Address .....

ABSOLUTE CONTRAINDICATIONS			**POSSIBLE CONTRAINDICATIONS**		
YES	**NO**		**YES**	**NO**	
☐	☐	Cardiac pacemaker	☐	☐	Artificial heart valve
☐	☐	Brain clip (Cerebral aneurysm clips)	☐	☐	Has patient any internal metal
☐	☐	Metal fragments in the eye or head	☐	☐	Spinal or ventricular shunt
☐	☐	Cardiac surgery within last 2 weeks	☐	☐	Has metal contraceptive coil fitted
☐	☐	Pregnancy 1st trimester	☐	☐	Does the patient have any renal impairment
☐	☐	Neurostimulators	☐	☐	Has the patient ever done any sheet metalwork or welding

Consultant's Signature: .....

Clinical history (Provisional Diagnosis):

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What questions should the examination answer?

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Signature of Doctor:

.....

Print Name:

.....

Bleep Number:..... Date: .....

Region to be examined

		L	R
☐ Brain			
☐ CV junction	Hip	☐	☐
☐ Cervical Spine	Shoulder	☐	☐
☐ Thoracic Spine	Knee	☐	☐
☐ Lumbar Spine	Elbow	☐	☐
☐ Abdomen	Ankle	☐	☐
☐ Pelvis	Wrist	☐	☐
☐ Other			