

THE  
NEWMALDEN  
DIAGNOSTIC CENTRE

In partnership with The Harley Street Clinic

## Imaging Request Form

Patient name: _____	<b>Radiology Appointment</b>	<b>Patient Category</b>
DoB: _____	Date: _____	Private: _____
Patient No.X: _____	Time: _____	NHS: _____
Address: _____	Referring Doctor: _____	
	Address for Results: _____	
Tel. No. _____	Tel: _____	Fax: _____

### Examination(s) Required

**Clinical Indication:** What clinical question do you require answering?

**Doctors Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Examinations can **not** be performed without sufficient relevant clinical information and a doctor's signature in line with the Ionising Radiation (Medical Exposures) Regulations 2000

#### MRI

**Does the patient have any of the following contraindications?**

- History of intraorbital FB
- intracranial clips,
- pacemaker,
- prosthetic heart valve,
- pregnancy

#### MRI

In response to the **MHRA Drug Safety Update 2007**, we can only administer **IV Gadolinium** to MRI patients if their **Renal Function** has a calculated eGFR above 30mL/min/m<sup>2</sup>.

Please confirm that IV Gadolinium can be administered to your patient.

Yes  No

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Barium Enemas, MRI Small Bowel Studies & CT Pneumocolon examinations

We routinely administer Picolax or Kleanprep as preparation for the above examinations. Please confirm that it is suitable for this patient

Yes  No

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Females (12-55 yrs)

**Could you be pregnant?** Yes  No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date of LMP: \_\_\_\_\_

Justified by: \_\_\_\_\_ Date: \_\_\_\_\_

Radiographer: \_\_\_\_\_ Protocolled by: \_\_\_\_\_

## Guidance Notes for Referrers

The Radiology Department would like all referrers to be aware of the following guidelines that are in accordance with the **Ionising Radiation (Medical Exposures) Regulations 2000**.

### Referrals:

- A request for a radiological examination will be regarded as a request from one clinician or health professional to the Radiology Department for an opinion based upon a radiological examination to assist in the management of a clinical problem.
- Diagnostic imaging or radiological procedures will only be performed upon a written request signed by a registered medical or dental practitioner or by an authorised non-medical practitioner.
- Referrals (request form or letter) must precede or accompany the patient. Faxes are accepted.
- All requests must carry sufficient information to identify the patient. This normally consists of first name, middle name if any, and family name, date of birth and address.
- All requests must carry sufficient clinical information to enable the requested examination to be justified. Referral criteria are based on the Royal College of Radiologists' Guidelines - 'Making the best use of a Department of Clinical Radiology: Guidelines for Doctors'
- All requests shall clearly state the examination requested
- All requests must include contact details of the referring clinician including address and telephone number

### Females of Childbearing Age (12 - 55 years)

- All requests for x-ray examinations (between the diaphragm and the knees) for females of childbearing age (12-55yrs) must state the date of the first day of the patient's menstrual period.

### Clinical Justification of Requests

- All requests for imaging will be assessed prior to exposure by the appropriate practitioner for the examination to ensure that they meet with the Royal College of Radiologists' Guidelines and any local guidelines and that, in their professional judgement, they are clinically justified (*Royal College of Radiologist Publication: BFCR (00)5*).