MRI REQUEST FORM

ALL DETAILS MUST BE COMPLETED

newcastle clinic

PATIENT DETAILS

SURNAME

FORENAMES

D.O.B

ADDRESS

TELEPHONE

OCCUPATION

NAME & ADDRESS FOR IMAGES & REPORT TO BE SENT TO

SELF FUND ☐ INSURANCE CO ☐ MLR ☐ NHS ☐ REFERENCE NO

NAME OF: INSURANCE CO SOLICITOR HOSPITAL

REASON FOR STUDY & QUESTIONS TO BE ANSWERED
PLEASE PROVIDE DETAILS OF RELEVANT PREVIOUS IMAGING

AREA TO BE EXAMINED

Gd YES/NO

REQUESTING DOCTOR

SIGNATURE DATE

Due to the strong magnetic field there are certain instances when a scan would not be performed

DOES THE PATIENT HAVE:		
CARDIAC PACEMAKER	YES ☐	NO ☐
VALVE REPLACEMENT	YES ☐	NO ☐
FACIAL/ORBITAL METAL FRAGMENTS	YES ☐	NO ☐
METALLIC IMPLANTS/PROSTHESIS	YES ☐	NO ☐
CRANIAL ANEURYSM CLIPS	YES ☐	NO ☐
ANY PREVIOUS SPINAL SURGERY	YES ☐	NO ☐
If YES, please give date		

If the answer to any of the above questions is YES, please contact Newcastle Clinic on 0191 281 2636

RADIOLOGIST

RADIOGRAPHER

SEQUENCES

NO OF AREAS SLOT TIME CHECKED

APPOINT DATE TIME Gd BATCH EXP BY

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