



Imaging Request Form

Please return this form completed and signed by
fax to **01902 695679** or post to:
NX Imaging Ltd, PO Box 13526, Birmingham, B16 6DP
Tel No. 01902 695935

Patient Details:

Name:

Male/Female

Address:

Start date of last menstrual period:

Funding

Self Pay

Private

Patients Insurance Company:

Membership number:

Postcode:

Tel:

Pre-authorisation number (if known):

Mobile

Date of birth:

Referral information

Type of examination requested

Area to be imaged

Clinical indications

Relevant past history / surgery

Safety check

		MRI safety check - does the patient have	
Biohazard	Yes / No	A pacemaker	Yes / No
Is the patient pregnant	Yes / No	A metallic foreign body in eye	Yes / No
Is the patient breast feeding	Yes / No	A cerebral aneurysm clip	Yes / No
Is the patient a diabetic	Yes / No	A programmable hydrocephalus shunt	Yes / No
Is the patient taking metformin	Yes / No	A cochlear implant	Yes / No
Does the patient have renal impairment	Yes / No	A metallic implant	Yes / No
Does the patient have any allergies	Yes / No	A neurostimulator	Yes / No
If so please specify			

Referring Clinician's details

Name:

Address:

Signature:

Date:

Tel:

Email:

Fax: