



Croydon MRI Centre

Croydon University Hospital  
London Road, Thornton Heath  
Surrey  
CR7 7YE

Tel: +44 (0)20 8401 3886  
Fax: +44 (0)20 8401 3697  
croydon@inhealthgroup.com  
www.inhealthgroup.com

# Patient Referral Form

## WARNING

Cardiac pacemakers, Cerebral aneurysm clips and metallic foreign bodies in the eye are ABSOLUTE CONTRA-INDICATIONS for MRI

<b>Patient Details:</b> Hospital No: _____ Full Name: _____ Address: _____ _____ _____ Postcode: _____ Daytime Telephone: _____ Evening Telephone: _____ Date of Birth: _____ Male: <input type="checkbox"/> Female: <input type="checkbox"/>	<b>Referring Consultant:</b> Name: _____ Address for films and report: _____ _____ _____ Postcode: _____ Telephone: _____ Fax: _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

Open Scanner <input type="checkbox"/>	Shore bore Scanner <input type="checkbox"/>		
<b>Category:</b> NHS <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>	Is there a possibility of Pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Inpatients:</b> Ward: _____	Hospital: _____		
<b>Outpatients:</b> Transport required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mode of Transport: Walking <input type="checkbox"/> Trolley <input type="checkbox"/> Chair <input type="checkbox"/> Bed <input type="checkbox"/>		

**Preferred Consultant Radiologist:** \_\_\_\_\_

**Examination Requested:** Urgent  Routine

Area(s) to be examined/scanned: \_\_\_\_\_

Clinical Details: \_\_\_\_\_

Previous Surgery (please specify): \_\_\_\_\_

Previous Imaging (please specify): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ BLEEP/EXTENSION NO: \_\_\_\_\_