

**London Imaging Centre**

Lister House | 11 Wimpole Street | London | W1G 9ST | T: 020 7467 8800 | F: 020 7631 1604

**Booking line**

020 7467 8800

**CLINICAL REQUEST FORM**

**PATIENT DETAILS** (please print):

M  F

Patient Name .....

Date of Birth .....

Contact No. ....

Address .....

**EXAM REQUIRED** (please tick):

MRI  Ultrasound

X-Ray  DXA

**APPOINTMENT DETAILS:**

FILMS/CD TO GO WITH PATIENT

Date: .....

Time: .....

Insurance: .....

**Exam Required and Clinical Details:**

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Examinations cannot be performed without sufficient clinical information (Ionizing Radiation (Medical Exposure) Regulations 2000)

**Contraindications:**

MRI: Cardiac pacemaker, Cerebral Aneurysm Clips, Metal Fragments in Eye, Cochlear Implants

**Please contact the centre if any of the above apply or you require more information.**

Please state any known allergies: .....

**Radiographer's comments:**

LMP: ..... (for women of child bearing age) Previous Relevant Exams: Where/When .....

Follow up appointment with Doctor: Date: .....

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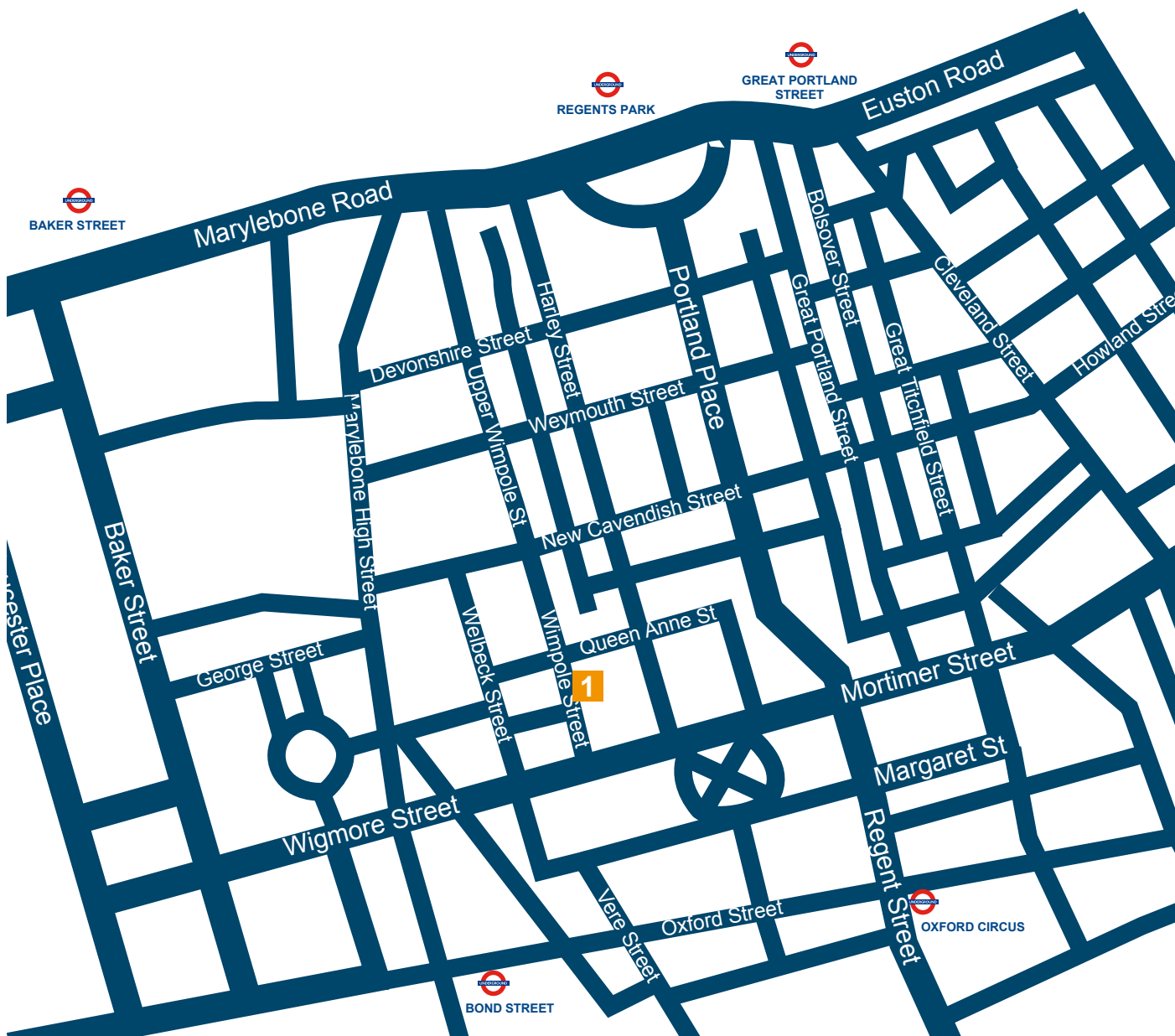
**Referrer Details** (print or stamp): .....

Referred from (location): .....

Signature: ..... Date: .....

**Please note: Failure to give 24 hours notice of non attendance may result in a cancellation charge**

## LONDON SITES MAP



1

### London Imaging Centre

11 Wimpole Street  
London, W1G 9ST  
T: 020 7467 8800

- MRI
- X-Ray
- DXA
- Ultrasound
- CT