

London PET/CT Centre

109 Harley Street | London | W1G 6AN | T: 020 7224 5622 | F: 020 7224 5409

London Imaging Centre

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

Quantum InHealth

22 Upper Wimpole Street | London | W1G 6NB | T: 020 7935 9889 | F: 020 7935 9883



Booking line
020 7467 8800

CLINICAL REQUEST FORM - PET/CT, MPS and Nuclear Medicine

PATIENT DETAILS (please print):

M F

Patient Name

Date of Birth Weight

Contact No.

Address

.....

EXAM REQUIRED (please tick):

PET/CT incl. FULL DIAGNOSTIC CT
YES NO

MPS Nuclear Med

APPOINTMENT DETAILS:

Date:

Time:

FILMS/CD TO GO WITH PATIENT

Private Insurance Holder Company Authorisation no.

Self Paying NHS Membership no.

Exam Required and Clinical Details:

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

Relevant previous medical history including surgery/medications:

Is the patient diabetic? Yes (diet/oral medication/insulin) No

Previous relevant imaging? Date: Where:

LMP: (for women of child bearing age)

Please state any known allergies:

Chemotherapy: Type: Commenced: Ended:

Radiotherapy: Type: Commenced: Ended:

Follow up appointment with Doctor: Date:

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

Referrer Details (print or stamp):

Referred from (location):

Signature: Date:

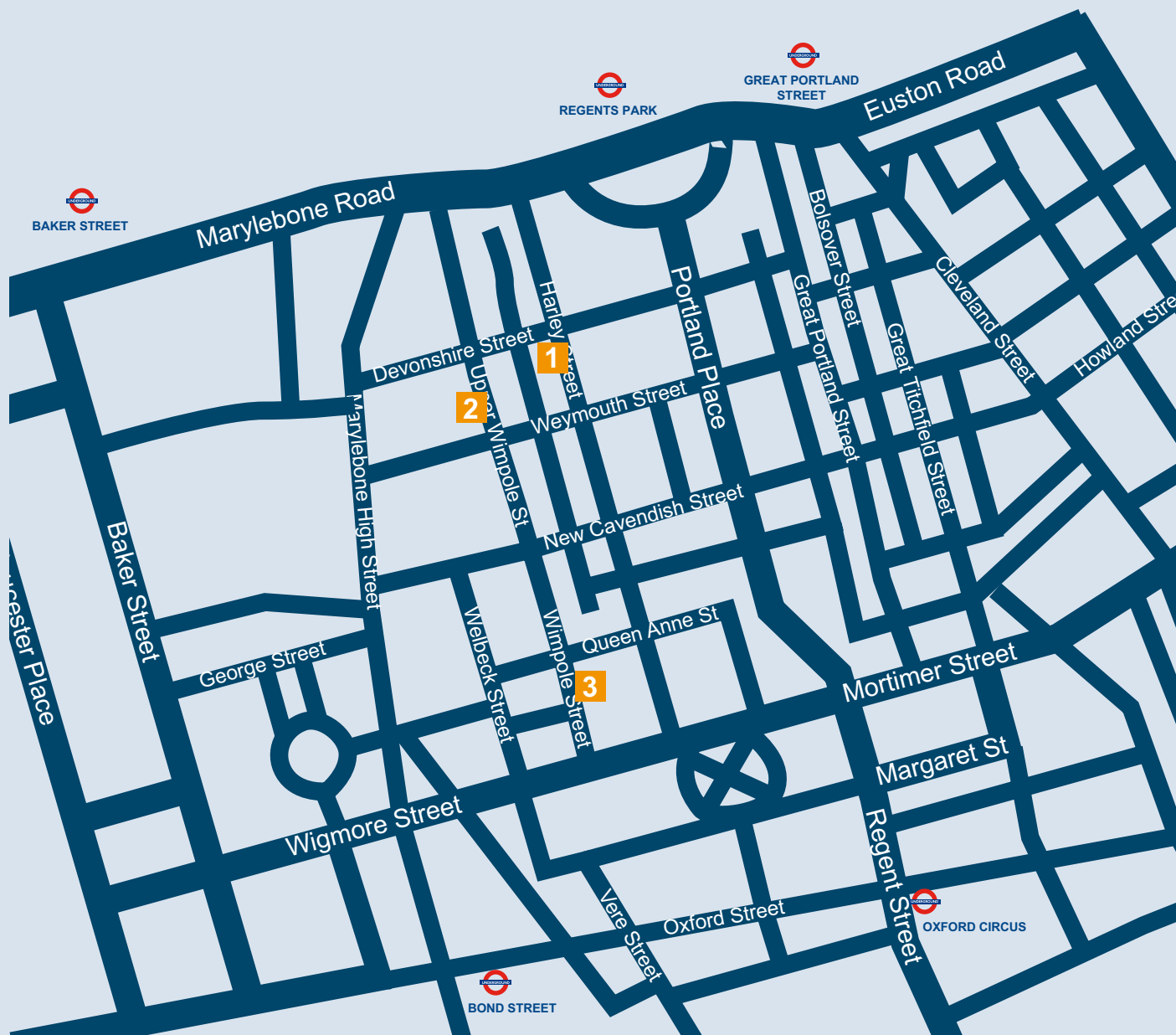
TO BE FILLED IN BY ARSAC CERTIFICATE HOLDER ONLY

Name: Number:

Signature: Date:

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

LONDON SITES MAP



1 **London PET/CT Centre**
109 Harley Street
London, W1G 6AN
T: 020 7224 5622

- **PET/CT**
- **16 Slice CT**

2 **Quantum InHealth**
22 Upper Wimpole Street
London, W1G 6NB
T: 020 7935 9889

- **Nuclear Medicine**
- **MPS**

3 **London Imaging Centre**
11 Wimpole Street
London, W1G 9ST
T: 020 7467 8800

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