

MRI referral form

Patient details

Mr Mrs Miss Dr Other (please specify)	Alternative locations to Vista London Waterloo: Please circle preferred site below if your patient prefers their scan to take place at another location (Self-Pay MRI only). Appointment availability may vary from Vista Diagnostics. <table border="0"><tr><td>Golders Green</td><td>Ealing</td><td>Stratford</td></tr><tr><td>Hornchurch</td><td></td><td>Barnet</td></tr></table>	Golders Green	Ealing	Stratford	Hornchurch		Barnet
Golders Green		Ealing	Stratford				
Hornchurch			Barnet				
First name							
Surname							
Date of birth		Male / Female					
Tel home		Mobile					
Email							
Address							
Postcode							
	Self-pay / Insured						
	Insurers name						
	Policy number						

Relevant clinical details

Region(s) to be scanned

	Additional requirements: 3T MRI Arthrogram Prostate imaging
	Is Gadolinium required? Yes / No
	<small>MHRA guidelines recommend all patients (particularly those over 65) should be screened for renal dysfunction by obtaining a history, laboratory testing or both</small>
Urgent scan? Yes / No	Relevant previous imaging None / Film / Digital Date:

Safety check

as recommended by the MHRA, the referring clinician is required to assess patient safety for MRI scans

Does the patient have a cardiac pacemaker?	Y / N	If 'yes' – unable to proceed with scan
Does the patient have an intracranial aneurysm clip or a programmable ventriculoperitoneal shunt?	Y / N	If 'yes' – unable to proceed with scan
Has the patient had a cochlear implant or neurotransmitter?	Y / N	If 'yes' – unable to proceed with scan
Does the patient have renal impairment?	Y / N	If 'yes' – an extrapolated GFR should be determined from the serum creatinine and discussed with Vista
Has the patient had surgery in the last 8 weeks?	Y / N	If 'yes' – unable to proceed with scan
Is there a history of metallic foreign bodies in the patients eye?	Y / N	If 'yes' – it is mandatory to exclude metallic orbital foreign bodies by orbital X-ray. If no metallic foreign body is detected, scan can proceed. If detected, unable to proceed
Is the patient breastfeeding?	Y / N	If 'yes' – intravenous contrast cannot be administered while breastfeeding and the patient should contact Vista for instructions
Is the patient pregnant?	Y / N	If ≤ 4 months – no scan; if ≥ 4 months the referring clinician should contact Vista

Referring clinician's details

Mr Mrs Miss Dr Other (please specify)	<p>Please confirm how you would like to receive the report by circling below:</p> <p style="text-align: center;">Email Post FAX</p> <p>Do you want the report sent to another clinician?</p> <p>If yes please give full details:</p> <table border="0"><tr><td>Signature</td><td>Date</td></tr></table>	Signature	Date
Signature		Date	
Referrer name			
Specialty / profession			
Hospital / practice			
Address			
		Postcode	
Email			
Tel		Fax	
Emergency contact no.			

In signing and requesting the MRI referral for the above patient I have understood the contraindications for MRI scans and, where requested, the implications and side effects associated with the administration of intravenous Gadolinium.

When completed - please email this form to help@vistadiagnostics.co.uk or fax it to 0845 4502171