FerriScan®

NHS
Oxford University Hospitals
NHS Foundation Trust

NHS Number	
Full Name	
DOB	/ /
Sex	
Address Postcode	
Contact No.	

Referring Consultant	
Hospital	
Request Category	NHS ☐ Private ☐
Non NHS Inst:	Category II ☐ Other ☐

Date:	

Clinical Details:	
Diagnosis:	

Does the Patient Have:	YES	No	Does the Patient Have:	YES	NO
A Pacemaker?			Programmable hydrocephalus shunt?		
A cerebral aneurysm clip?			Metallic foreign body in the eye?		
Cochlear implants?			Other metallic implants?		
Neurostimulators?			Could the patient be pregnant?		

Signature	
Party responsible for payment:	
Address	Postcode
Contact No	
Where is report being sent? (If outside the Trust, nhs.net email please)	

Please Send Referrals to:

MRI, Radiology
Churchill Hospital
Old Rd,
Headington Oxford
OX3 7LE

Or Email: **orh-tr.OUH-ChurchillRadiology@nhs.net**