

NHS Number		Referring Consultant	
Full Name		Hospital	
DOB	/ /	Request Category	NHS <input type="checkbox"/>
Sex			Private <input type="checkbox"/>
Address		Non NHS Inst:	Category II <input type="checkbox"/>
	Postcode		Other <input type="checkbox"/>
Contact No.			

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?	

Please Send Referrals to:	MRI, Radiology Churchill Hospital Old Rd, Headington Oxford OX3 7LE
Or Email:	orh-tr.OUH-ChurchillRadiology@nhs.net