



# The Foscote Private Hospital

Excellence in Healthcare

The Foscote Private Hospital, 2 Foscote Rise, Banbury, Oxfordshire OX16 9XP  
T 01295 252281 F 01295 272877

## Imaging Request Form

Surname: .....	REFERRING CLINICIAN					
First Name: .....						
Hospital Number: .....	Contact details (for emergencies): .....					
D. o. B: ..... Male: <input type="checkbox"/> Female: <input type="checkbox"/>						
Address: .....	<table border="1"> <tr> <td>WARD/CLINIC</td> <td>IS THIS CASE URGENT?</td> </tr> <tr> <td></td> <td>YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ]</td> </tr> </table>		WARD/CLINIC	IS THIS CASE URGENT?		YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ]
WARD/CLINIC			IS THIS CASE URGENT?			
			YES [ <input type="checkbox"/> ] NO [ <input type="checkbox"/> ]			
Postcode: .....						
Tel No.: .....						

**Referrer's declaration (NB: This form is a legal document)**  
 I have discussed the examination with the patient/guardian  
 Examinations can NOT be performed without sufficient clinical information and a doctor's signature in line with Ionising Radiation (Medical Exposure) Regulations 2000.  
 Correct patient details have been given.

Examination(s) requested:

Relevant Clinical Information

What question do you want the examination to answer?

Referrer's Signature: ..... Date: .....

### DRUGS ADMINISTERED

Drugs administered	Drug Route	Volume/Dose	Expiry Date	Batch/Lot No.	Injected by:

I confirm that I am not pregnant	Radiographer / Operator	
LMP date: ..... Signature: .....	Date of examination: .....	
Overrule LMP Signature: .....		
Justified by: ..... Date: .....	Radiology Code(s): .....	
Radiologist:	<b>Additional information for MRI patients</b>	
Operator use	Does the patient have a cardiac pacemaker? Y/N	
KV: ..... mAs: .....	<b>Patients undergoing injections</b>	
Dose (cGycm <sup>2</sup> ) ..... Screening time: .....	Warfarin/blood thinning medicines Y/N	Driving home? Y/N
Number of exposures/films	Allergies Y/N	Steroid injection in the last 3 months Y/N
	Asthmatic Y/N	
	Heart disease or epilepsy Y/N	