

Open MRI Referral Form – CCG

**Please note: we are unable to accept referrals for patients under 16 years of age,
we are unable to accept referrals for breast MRI**

Patient Referral Form

WARNING

Cardiac pacemakers, Cerebral aneurysm clips and Metallic foreign bodies in the eye are ABSOLUTE CONTRA-INDICATIONS for MRI.

Contact details

MRI line 0333 202 1062

Fax 0333 200 1163

Email INL.inhealthreferrals@nhs.net

Address InHealth Patient Referral Centre, Sandbrook House,
Sandbrook Park, Rochdale, OL11 1RY

Patient details	Referring Clinician
NHS No:	Name:
Full name:	Address for report:
Address:	
Postcode:	Postcode:
Daytime telephone:	Telephone:
Evening telephone:	Email:
Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Is there a possibility of Pregnancy? Yes No

Mode of transport: Walking Trolley Chair Bed

Invoice address:

PO number:

Examination requested: Urgent Routine

Area(s) to be examined/scanned:

Previous surgery (please specify):

Previous imaging (please specify):

Signed:	Date:
Print name:	Bleep/extension No:

Please send completed forms as above to INL.inhealthreferrals@nhs.net