INHEALTH

NHS

Open MRI Referral Form – Trust

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 Consultant**
NHS No:	Name:
Full name:	Address for report:
Address:	
Postcode:	
Daytime telephone:	Postcode:
Evening telephone:	Telephone:
Date of Birth: ☐ Male ☐ Female	Email:

Is there a possibility of Pregnancy? ☐ Yes ☐ No	
Inpatients: Ward:	Hospital:
Inpatients: Transport required? ☐ Yes ☐ No	Mode of transport: ☐ Walking ☐ Trolley ☐ Chair ☐ Bed

Preferred Consultant Radiologist:

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

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Funding Authorisation
Patient funding (please delete as appropriate): ☐ Self-funded ☐ Insured ☐ NHS funded
Referral details Number of parts to be scanned: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Parts to be scanned: Please specify

Reasons for an Open MRI scan: ☐ Claustrophobic ☐ Bariatric ☐ Other

Cost £:

Billing/approval information for NHS patients
Hospital, Trust, etc (full details please):
Department:
Address:
PO/reference:
Contact name:
Contact position:
Contact number:
Email:

By signing below you are duly authorising InHealth to undertake the scan requested by the referring clinician.

Signature of Approving Contact:
Print name:

This authorisation form must be completed and presented with the referral request.
Please note that we are unable to scan NHS patients without prior funding authorisation.