

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

<b>Clinical Details:</b>	
<b>Diagnosis:</b>	

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?		

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

Please Send Referrals to: <b>MRI, Radiology</b> <b>Churchill Hospital</b> <b>Old Rd,</b> <b>Headington Oxford</b> <b>OX3 7LE</b>
Or Email: <b>CHRadiologyAppointmentsCoordinators@oxnet.nhs.uk</b>