

## Practice Plus Group Hospital, Southampton

Surname:			Practice Plus Group Hospital, Southampton		
First Name:			Level C, Royal South Hants Hospital, Brinton Terrace,		
Address:			Southampton SO14 0YG. BOOKINGS 02380 219022		
			Area of Interest		
			Area or interest		
Post Code:	Tel No:				
NHS No:-			Modality:	MRI	
Date of Birth:-	Male	Female	Routine	Urgent	(Please Circle)
THIS IS A LEGAL DOCUMENT—I understand my obligations Under IR(ME)R 2000			Clinical Indications for the Examination:		
AII EXAMINATIONS					
Could the patient be pregna	/ NO				
Is the patient a high infectio	/ NO				
MRI Specific			Previous X-rays (when/where)		
Does the patient have ANY METALLIC Implants? YES / NO			-	nt previous test results	s)
Specify:					
NB: This includes: A Cardiac Pacemaker: Cerebral Aneurysm Clips: Hydrocephalus Shunt: History of Metal in the eye.					
			Consultant:		
			Ward / Dept:		
Referrer's Name (Print):					
Referrer's Signature:	Da	ate:			
			l		

## Please send completed form to:

SouthamptonMRI@practiceplusgroup.com

	To be completed by the Operator:
Radiographer Comments:	
	No of Images:
	ID Confirmed: YES / NO
	Operator Signature:
	Date: