DIAGNOSTIC IMAGING REQUEST FORM

3T MRI, Digital X-ray, Interventional, OPG, DEXA, 64 Slice CT, Body Composition and Ultasound

SSC
SPORTS SURGERY CLINIC
Specialists in Joint Replacement, Spinal Surgery, Orthopaedics and Sport Injuries

Diagnostic Imaging - Tel: +353.1.5262060 Fax: +353.1.5262061 radiology@sportssurgeryclinic.com

Please complete all sections of this form. Signed forms can be faxed or posted.

Patient Details

Name: _____

Address: _____

_____

Postcode: _____

Tel: _____

D.O.B: __/__/__

Male: ☐ Female: ☐

Start date of last menstrual period:

__/__/__

Finance

Club affiliation: ☐ Insurance: ☐ Self Pay: ☐

Insurance type: _____

_____

Insurance no: _____

Referral Information

Type of examination requested: 3T MRI ☐ 64 Slice CT ☐ X-ray ☐ US ☐
DEXA ☐ Interventional ☐ Body Composition ☐

Area to be imaged: _____

Reason for referral: _____

_____

_____

Please include copies of any relevant x-rays or scans

Safety Check

Is the patient diabetic and on metformin?	Yes ☐	No ☐
Could the patient be pregnant?	Yes ☐	No ☐
Is the patient breast feeding?	Yes ☐	No ☐
Does the patient have any allergies?	Yes ☐	No ☐

MRI Contraindications - does the patient have:

A pacemaker	Yes ☐	No ☐
A cerebral Anuerysm Clip	Yes ☐	No ☐
Eye and ear implants	Yes ☐	No ☐
Neurostimulators	Yes ☐	No ☐
Metallic foreign body in eye	Yes ☐	No ☐
Other metallic implants	Yes ☐	No ☐

Referring Clinician's Details

Referring Physicians Name: _____ Tel: _____

Address: _____ Fax: _____

_____ Date: __/__/__

Signature: _____