

# Eastgate Diagnostic Centre Leicester

Eastgate House, 19-23 Humberstone Road, Leicester, LE5 3GJ

## MRI patient referral form

\*Payment Method:  Private/Self-funded

Other: \_\_\_\_\_

\*Patient Name:

\*Date of Birth:

Address:

\*Patient Email:

Postcode:

\*Daytime contact number:

\*Referring Clinician:

Correspondence Address:

Telephone:

\*Clinician contact Email:

Follow up appointment date:

\*Examination required:  MRI

Area:

\*Clinical Information and reason for scan:

**Note: Clinical Information must be provided for all examinations**

GP Surgery:

Registered GP:

Telephone:

Fax:

Email:

For female patients between 12 years and 55 years:

LMP Date:

Is the patient likely to be pregnant? YES / NO

Claustrophobia

Cognitive Impairment

Mobility Issues

Pacemaker

Wheelchair user

Implants

Email completed referral forms to

Clinician Signature

email [booking@medetick.co.uk](mailto:booking@medetick.co.uk)

GMC/REG No -

Phone 02039244020