European Scanning Centre (Cardiff) Unit G Copse Walk Cardiff CF23 8RB
Tel: 02920 546000 Fax: 02920 736958 www.europeanscanning.com/cardiff

REQUEST FORM

european scanning centre
A NEW ERA IN DISEASE PREVENTION AND DETECTION

Patient Name

Date of birth / /

Address

Email:

Tel:

Referrer Details

Tel: Fax:

How will the account be settled?

☐ Patient ☐ Doctor ☐ Insurance

☐ Other:

MRI INVESTIGATION REQUIRED

Please indicate region you require:

Contrast: ☐ Yes ☐ No

Scans will be performed in supine position. Please tick here if you require a weight bearing position: ☐

MRI WARNINGS: Does the patient have any contraindictions (e.g. aneurysm clips, cochlear implants, pacemaker, heart valves, metal in the eyes?) ☐ Yes ☐ No

Clinical Details:

Allergies:

Dr Signature: