Patient Referral

Medserena Upright MRI Ltd
26-28 The Boulevard
West Didsbury, MANCHESTER M20 2EU
Tel: 0161 434 8039
Fax: 0161 434 8579
Email: manchester.centre@medserena.co.uk
Web: www.medserena.co.uk

Medserena Upright MRI Ltd
114a Cromwell Road
Kensington, LONDON SW7 4ES
Tel: 020 7370 6003
Fax: 020 7373 0339
Email: london.centre@medserena.co.uk
Web: www.medserena.co.uk

Patient details

Mr Mrs Ms Miss Dr Other (please specify)

First Name:

Last Name:

Date of birth: Male ◯ Female ◯

Address:

Postcode:

Tel: Mobile:

Email:

Mobility: Mobile ◯ Non-mobile ◯

Funding: Self-pay ◉ Insured ◯ NHS ◯ Embassy ◯

Insurance company:

Policy no:

Pre-authorization no:

Comments:

Region to be scanned

Urgent ◯ Non-urgent ◯

Flexion & Extension ☐

Relevant clinical details – What information are you seeking from this examination?

Previous relevant surgery:

Safety check (as recommended by the MHRA, the referring practitioner is required to assess patient safety for MRI scans)

Cardiac pacemakers, spinal cord stimulators, cerebral aneurysm clips, metallic heart valves, cochlear implants are contra-indications for MRI.

Possibility of pregnancy?: Yes ◯ No ◉

Referring practitioner

Mr Mrs Miss Dr Other (please specify)

Name:

Practice/Hospital:

Address:

Postcode:

Email:

Tel: Fax:

How would you like to receive the report?

Email ◯ Post ◯ Fax ◯

Report to be given to patient? Yes ◯ No ◯

Reason for needing Upright/Open MRI?

Patient Referrals	Email:	london.centre@medserena.co.uk manchester.centre@medserena.co.uk
London:	Tel: Fax:	020 7370 6003 020 7373 0339
Manchester:	Tel: Fax:	0161 434 8039 0161 434 8579

Signature:

Date: