Imaging Request Form

Heath Lodge Clinic

CMC Imaging Services
1357 Warwick Road
Knowle
B93 9LW
Tel: 01564 732150
07967 195637
Fax: 01564 784382
waiting.list@virgin.net
www.cmcimaging.co.uk

Patient Name ……………………….……………………….

Date of Birth ……………………..…………….…………

Address ………………………..…………….…………

……………………………….…..…………………………

…………………………………………………………….

Daytime Telephone number

…………………………………..

Imaging Appointment

Date …………………….……………

Time……………………..……………

Referring Clinician ………………………….……………..

Address for Results ……………………….………………

………………………………………………..……………

……………………………………………….……………

Tel ……………………………………………………….

Fax…………………………………………………….……

Follow up appt. date ……………………………….………

For female patients between
12 years and 55 years:

LMP Date …………………………..

Is the patient likely to be pregnant

YES/NO

Examination(s) Required: X-Ray ☐ U/S ☐ MR ☐

Areas………………………………………………….……

……………………………………………………….………

……………………………………………….………………

Radiology Examination justified by:

Radiographer:……………….……….

Date: …………………….……………..

Exposures Details …………………..

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Clinical Information **– X Ray examinations cannot be performed without sufficient clinical information (IR(ME)R 2000)**
– For MR Examinations please indicate if there are any contra-indications

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Signature of referrer…………………………………………………Date……………………………