DIRECTORS:
DR. CLARE ALLEN
DR. ALEX KIRKHAM
DR. NAVIN RAMACHANDRAN
DR. MILES WALKDEN

LONDON UROradiology

ASSOCIATES:
DR. RAJ DAS
DR. MICHAEL GONSALVES
DR. DANIEL HEFFERNAN-HO
DR. DOUGLAS PENDSE
DR. SHONIT PUNWANI
DR. CONRAD VON STEMPEL
DR. LOUISE DICKINSON

0207 952 1465
office@londonuroradiology.com

PATIENT DETAILS

Name:

DoB:

Address:

Phone:

Email:

REQUESTED EXAMINATION(S)

EXAMINATION DETAILS

In which hospital would you like this study to be performed (list in order of preference if multiple)?

Please provide any known patient medical record numbers (MRNs) at these hospitals:

Preferred date & time of examination:

CLINICAL DETAILS

Allergies:

Creatinine: **eGFR:**

REFERRER DETAILS

Requested By:

Specialty:

Address:

Phone:

Fax:

Email:

SIGNATURE:

DATE:

If MRI, is safety sheet filled in? **Yes / No**

LMP (see below):

In accordance with the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000:
All requests for X-ray examination (between the diaphragm and the knee) of females of childbearing age (12 –55 years) must state the date of the first day of the patient's last menstrual period.