Healthier Wigan
better care for you and your family

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

NHS | Wigan Council

MRI Request Card

Surname		Address		Referrer	
First Name				GMC No.	
DoB				Practice Code	
Gender		Telephone		Contact No	
NHS No		Mobile		Date	

NHS	Outpatient	Ward/Unit
☒	☐	

Examination Required

Relevant Clinical History and Clinical Question

Sequences/Protocol (Radiology use ONLY)

MRI Safety Declaration

Failure to complete this section will result in the request being returned.

Contact MRI if any of the following apply:

Does the patient have a cardiac pacemaker?	YES ☐	NO ☐
Does the patient have a prosthetic Heart Valve? If Yes: please state the make and model. ----------	YES ☐	NO ☐
Does the patient have any intra-cranial vessel clips/coils?	YES ☐	NO ☐
Does the patient have a history of metallic intra-ocular foreign bodies?	YES ☐	NO ☐
Is there any risk the patient may be pregnant?	YES ☐	NO ☐

Booking Information (Radiology use ONLY)

Routine ☐

Urgent ☐

IF CONTRAST EXAMINATION REQUIRED:

The patient must have had a Renal Function blood test

Creatinine level and date:

For any MRI related questions please call 01942 82 2909

Date Created:- 27-02-2020
Review Date:- 27-02-2021