LONDON RADIOLOGY

Dr David Burling
Consultant Gastrointestinal Radiologist

Professor Gina Brown
Consultant Gastrointestinal Radiologist

Dr Imene Zerizer
Consultant Radiologist & Nuclear Medicine Physician

Dr Arun Gupta
Consultant Gastrointestinal Radiologist

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tel: 0207 7079 2107 fax: 020 7631 3490

Patient Details

Name | Title | DOB | Male | Female

Address | Postcode

Mobile | Home | Work

Email

Payment Method (Please Select)

Patient Self Paying | Insurance | Insurance Comp | Membership No

Scan Details

Preferred Radiologist: Dr David Burling | Professor Gina Brown | Dr Imene Zerizer | Dr Arun Gupta | Other/No preference

CT* | MRI | Open MRI# | Ultrasound | X-Ray | External Review

Other (Please Specify):

Clinical Indication:

Risk Assessment (Indicate below if applicable to your patient):

Pacemaker/Metal Implants | Wheelchair

Other risk issues (Please give details)

Referrer

Name | Signature | Date

Clinic/Practice | Postcode

Follow-up (Ddate/Time) | Contact Name

Report (E-mail/Fax details) | Contact Number

For MRI – Please indicate if patient is claustrophobic and cannot go into a standard MRI scanner. Please note that the quality of open MRI scans maybe diminished slightly.
* For CT – Please indicate if patient has had a previous iodine or contrast allergy or previous abdominal surgery.

All sections must be completed by the Referrer. The Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R requires you to complete this form accurately. Incomplete/illegible forms may cause delays with booking the examination.

Please email referrals to pa@londonradiology.co.uk or fax to 020 7631 3490
For queries please call 020 7079 2107

SUBMIT FORM