**Nuclear Medicine Request Form - Royal Brompton Hospital**

Sydney St, Chelsea, London SW3 6NP

Phone - 020 7351 8666/9

For all examinations requiring a radiation exposure, the Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2017 Require you to complete all this information accurately and legibly.

**Incomplete forms will be returned**.

If you are referring patient for **Myocardial Perfusion Scan**:

1. Let us know if patient has **history of asthma**.
2. Patient will need to abstain from caffeine and all **caffeinated products strictly for 24 hours**.

|  |  |
| --- | --- |
| **PATIENT**Surname       | Weight (kg)       |
| Forename       | Status [ ]  NHS [ ]  PPSex [ ]  M [ ]  FPregnancy [ ]  Y [ ]  NBreastfeeding [ ]  Y [ ]  NTransport [ ]  Y [ ]  NChair [ ]  Y [ ]  NTrolley [ ]  Y [ ]  NInterpreter [ ]  Y [ ]  NLanguage spoken:  |
| Date of Birth       |
| Address       |
| Tel. No.       |
| G.P.       |
| Next of kin       |
| Hospital Number       |
| NHS Number       |
| Consultant (Print)       |
| Outpatient/ Ward/ Hospital       |
| Clinical Information      | Referrer (Print)        |
| Hospital/ Department       |
| Medication       | Mobile number/ Bleep       |
| E-mail       |
| Allergies       | Signature & Date       |
| Clinical Question       | Scan Requested       |
| Urgency       |

**For Nuclear Medicine Department Use Only**

|  |  |
| --- | --- |
| IR(ME)R Practitioner  | Date Received |
| Scan to be Performed  | Appointment date and time |
| Authorised ByDate | Additional Information  |