**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  PP  Sex  M  F  Pregnancy  Y  N  Breastfeeding  Y  N  Transport  Y  N  Chair  Y  N  Trolley  Y  N  Interpreter  Y  N  Language 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 By  Date | Additional Information |