



# CHENIES MEWS

IMAGING CENTRE

Clinical Adviser: Prof. James Moon  
Chenies Mews Imaging Centre  
69-75 Chenies Mews  
London  
WC1E 6HX

020 3887 0566 📞  
020 3874 2441 📞  
referrals@cheniesmews.com ✉️  
www.cheniesmews.com 🌐

## Cardiac MRI Referral Form

### Patient Details

Surname:  Gender: Male  Female   
Forename:  Date of Birth:  /  /   
Address:   
 Post Code:   
Telephone: Home:  Work:   
Email:   
Funding: Is the patient?

### Insurance Details (if applicable)

Medical Insurer Name:  Membership Number:

### Referrer's Details

Practitioner Name:   
Practice Address:   
 Post Code:   
Telephone Number:  Fax Number:

### Clinical Details of Examination Required (please tick)

(Some medical devices remain unsuitable for safe MRI scanning. Please contact us if you have any concerns regarding potential contraindications.)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cardiac structure, volumes and function | <input type="checkbox"/> Myocarditis / sarcoid         | <input type="checkbox"/> RV assessment       |
| <input type="checkbox"/> Inducible ischaemia                     | <input type="checkbox"/> Intracardiac shunt exclusion  | <input type="checkbox"/> Myocardial fibrosis |
| <input type="checkbox"/> Viability                               | <input type="checkbox"/> Myocardial oedema             |  |
| <input type="checkbox"/> Intra-myocardial fat                    | <input type="checkbox"/> Atrial angiogram              |  |
| <input type="checkbox"/> Myocardial and hepatic iron             | <input type="checkbox"/> Assessment of the pericardium |  |
| <input type="checkbox"/> Ferriscan                               | <input type="checkbox"/> Cardiac mass                  |  |
| <input type="checkbox"/> Thoracic great vessel anatomy           | <input type="checkbox"/> Thoracic aorta assessment     | <input type="checkbox"/> eGFR < 30mL/min     |

Additional information

Consultant Signature: \_\_\_\_\_ Date:  /  /