

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

Surname: Gender: Male Female	Patient Details	
Telephone: Home: Work: Post Code: Email: Funding: Is the patient? Insurance Details (if applicable) Medical Insurer Name: Membership Number: Referrer s Details Practice Address: Post Code: Telephone Number: Fax Number: Clinical Details of Examination Required (please ext) Does the patient have a cardiac pacemaker or any other implanted cardiac device? No Yes Some medical devices remain unsuitable for safe MRI scanning. Please contact us if you have any concerns regarding potential contraindications. Cardiac structure, volumes and function Myocardial fibrosis Viability Myocardial oedema Intracardiac shunt exclusion Myocardial fibrosis Viability Myocardial fat Atrial anglogram Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass	Surname:	Gender: Male Female
Telephone: Home: Work: Post Code: Email: Funding: Is the patient? Insurance Details (if applicable) Medical Insurer Name: Membership Number: Referrer s Details Practitioner Name: Post Code: Practice Address: Post Code: Fax Number: Clinical Details of Examination Required (please not) Does the patient have a cardiac pacemaker or any other implanted cardiac device? No Yes Some medical devices remain unsultable for safe MRI scanning. Please contact us if you have any concerns regarding potential contraindications. Cardiac structure, volumes and function Myocarditis / sarcoid RV assessment Inducible ischaemia Intracardiac shunt exclusion Myocardial fibrosis Viability Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass	Forename:	Date of Birth: / / /
Email: Funding: Is the patient? Insurance Details (If applicable) Medical Insurer Name: Membership Number: Membership Number: Practitioner Name: Practice Address: Post Code: Fax Number: Clinical Details of Examination Required (please tick) Does the patient have a cardiac pacemaker or any other implanted cardiac device? No Yes Some medical devices remain unsuitable for safe MRI scanning. Please contact us if you have any concerns regarding potential contraindications. Cardiac structure, volumes and function Myocardial shunt exclusion Myocardial fibrosis Viability Intra-myocardial fat Atrial angiogram Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass	ddress:	
Referrer s Details Practitioner Name: Practice Address: Post Code: Fax Number: Clinical Details of Examination Required (please tick) Does the patient have a cardiac pacemaker or any other implanted cardiac device? Cardiac structure, volumes and function Myocardial share a large and function Myocardial oedema Intra-myocardial fat Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass	Felephone: Home:	Work: Post Code:
Medical Insurer Name: Membership Number: Referrer s Details	Email:	
Referrer s Details Practitioner Name: Practice Address: Post Code: Fax Number: Clinical Details of Examination Required (please tick) Does the patient have a cardiac pacemaker or any other implanted cardiac device? No Yes Some medical devices remain unsuitable for safe MRI scanning. Please contact us if you have any concerns regarding potential contraindications. Cardiac structure, volumes and function Myocarditis / sarcoid RV assessment Inducible ischaemia Intracardiac shunt exclusion Myocardial fibrosis Viability Myocardial oedema Intra-myocardial fat Atrial angiogram Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass		
Practitioner Name: Post Code:	Vledical Insurer Name:	Membership Number:
Practice Address: Post Code:	Referrer s Details	
Post Code: Fax Number: Fax Number:	Practitioner Name:	
Clinical Details of Examination Required (please tick) Does the patient have a cardiac pacemaker or any other implanted cardiac device? Come medical devices remain unsuitable for safe MRI scanning. Please contact us if you have any concerns regarding potential contraindications. Cardiac structure, volumes and function Myocarditis / sarcoid RV assessment Inducible ischaemia Intracardiac shunt exclusion Myocardial fibrosis Viability Myocardial oedema Intra-myocardial fat Atrial angiogram Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass	Practice Address:	
Clinical Details of Examination Required (please tick) Does the patient have a cardiac pacemaker or any other implanted cardiac device? No Yes Some medical devices remain unsuitable for safe MRI scanning. Please contact us if you have any concerns regarding potential contraindications. Cardiac structure, volumes and function Myocarditis / sarcoid RV assessment Inducible ischaemia Intracardiac shunt exclusion Myocardial fibrosis Viability Myocardial oedema Intra-myocardial fat Atrial angiogram Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass		Post Code:
Coes the patient have a cardiac pacemaker or any other implanted cardiac device? No Yes Some medical devices remain unsuitable for safe MRI scanning. Please contact us if you have any concerns regarding potential contraindications. Cardiac structure, volumes and function Myocarditis / sarcoid RV assessment Intracardiac shunt exclusion Myocardial fibrosis Viability Myocardial oedema Intra-myocardial fat Atrial angiogram Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass	Felephone Number:	Fax Number:
Inducible ischaemia Viability Myocardial oedema Intra-myocardial fat Myocardial and hepatic iron Ferriscan Intracardiac shunt exclusion Myocardial oedema Atrial angiogram Assessment of the pericardium Cardiac mass	Does the patient have a cardiac pacemaker or any o	
Viability Intra-myocardial fat Myocardial angiogram Myocardial and hepatic iron Ferriscan Cardiac mass		
Intra-myocardial fat Myocardial and hepatic iron Ferriscan Atrial angiogram Assessment of the pericardium Cardiac mass	Inducible ischaemia	Intracardiac shunt exclusion Myocardial fibrosis
Myocardial and hepatic iron Assessment of the pericardium Ferriscan Cardiac mass	Viability	Myocardial oedema
Ferriscan Cardiac mass	Intra-myocardial fat	Atrial angiogram
	Myocardial and hepatic iron	Assessment of the pericardium
	Ferriscan	Cardiac mass
Thoracic great vessel anatomy Thoracic aorta assessment eGFR < 30mL/m	Thoracic great vessel anatomy	Thoracic aorta assessment eGFR < 30mL/mir

Date:

Consultant Signature: