CHENIES MEWS
IMAGING CENTRE

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:

Telephone: Home: Work: Post Code:

Email:

Funding: Is the patient? Please select

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)

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
- ☐ Inducible ischaemia
- ☐ Viability
- ☐ Intra-myocardial fat
- ☐ Myocardial and hepatic iron
- ☐ Ferriscan
- ☐ Thoracic great vessel anatomy
- ☐ Myocarditis / sarcoid
- ☐ Intracardiac shunt exclusion
- ☐ Myocardial oedema
- ☐ Atrial angiogram
- ☐ Assessment of the pericardium
- ☐ Cardiac mass
- ☐ Thoracic aorta assessment
- ☐ RV assessment
- ☐ Myocardial fibrosis
- ☐ eGFR < 30mL/min

Additional information

Consultant Signature: Date: ☐☐ / ☐☐ / ☐☐☐☐