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| **Referral form****Enhanced Mammography** **The Breast Clinic, 108 Harley Street, London W1G 7ET Telephone: 0207 5631234 | Email:** **xray@108harleystreet.co.uk** |
| **PATIENT DETAILS** |
| **Title:** | **First name:** | **Surname:** |
| **DOB:** | **NHS NO:** | **NHS / Private (Please circle)** |
| **Address:****Postcode:** |
| **Daytime telephone number:** | **Mobile telephone:** |
| **REFERRER DETAILS** |
| **Name (including speciality):** |
| **Hospital address:** |
| **Telephone number:** | **Email address:** |
| **Indication for enhanced mammogram:** |
| **Full clinical details:** |
| **DO YOU HAVE A PREFERRED REPORTING RADIOLOGIST?** |
| **(If Yes) Name:** |
| **SAFETY QUESTIONS** |
| **Prior contrast exam:** | **Pregnant/ Lactating:** | **Diabetes:** | **YES □ NO □** |
| **YES □ NO □** | **YES □ NO □** | **Metformin:** | **YES □ NO □** |
|  |  | **Asthma:** | **YES □ NO □** |
| **Allergies:****YES □ NO □****If yes, to what:** | **Anticoagulants:****YES □ NO □** | **Creatinine:……………………………………****eGFR:……………………………………….** |
|  |  | **Date of Blood Test:…………………………. (Within the last 6 months) Please attach blood test report** |
| **Date:** | **Signature:** |

PLEASE IEP ALL RELEVANT BREAST IMAGING AND REPORTS TO 108 HARLEY STREET

