**Import Request:** [ ]

**Export Request:** [ ]

**Date Requested: ……………………….**

**IEP:** [ ]  **CD:** [ ]

**Patient Details (Mandatory field \*)**

|  |
| --- |
| **\*Name Of Patient:** |
| **\*DOB:** |
| **\*Address:** |
|  | **\*Postcode:** |
| **\*NHS No:** |

**Required information:**

Please state exactly which **images/body parts & scanned dates.** (This will minimize the queue and prevent unnecessary information being transferred on IEP.)

|  |  |  |
| --- | --- | --- |
| **Imaging** | **Date(s)** | **Import from / Export To** |
| **PET/CT** |  |  |
| **CT** |  |  |
| **MRI** |  |  |
| **Other** |  |  |

|  |  |  |
| --- | --- | --- |
| **Clinical reason for request:** | **Yes** | **No** |
| Patient being discussed at MDT (please specify which MDT)…………………………. |  |  |
| For comparison |  |  |
| For verbal review |  |  |
| For continuing treatment |  |  |
| Other reason (please state): |

**Requesting Consultant: …………………………....­­­­­­­­­­­­­­­­­­­…………………………………….……………………………………………………**

**Consultant at destination hospital: ..…………………………………………………………………………………………………….**

**Your name/contact no: …………………………………………………………………………………………………………………………**

**Office Use Only:**

Actioned by: ..**……………………………………………………………..** Date: **…..……………………………………....**

Users of NHS secure email accounts (nhs.net) are encouraged to email the completed form to:

PSSCIEP.enh-tr@nhs.net

Users of other email systems may only send forms by email if they have the explicit permission of the patient or if the message is encrypted.

All requests may be sent to our secure fax on **01923 886313.**