## X-Ray & Imaging

## **Referral form**

## **Contrast Enhanced Mammography (CEM)**

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 contrast mammogram (CEM):				
Full clinical details:				
DO YOU HAVE A PREFERRED REPORTING RADIOLOGIST?				
(If Yes) Name:				
SAFETY QUESTIONS				
Prior contrast exam:		regnant/ Lactating:	Diabetes:	YES   NO
YES   NO	Y	ES O NO O	Metformir Asthma:	n: YES   NO   YES   NO
Allergies:	Δ.	Inticoagulants:		
YES   NO		ES   NO		
If yes, to what:			eGFR:	
			Date of Rig	ood Test:
				e last 6 months) Please attach
			blood test	
Date:	s	ignature:		

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



