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

X-Ray & Imaging

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: **YES** ☐ **NO** ☐	**Pregnant/ Lactating:** **YES** ☐ **NO** ☐	**Diabetes:** **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:**	