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**LONDON**  
**URORADIOLOGY**

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## PATIENT DETAILS

**Name:**  
**DoB:**  
**Address:**  
**Phone:**  
**Email:**

## EXAMINATION DETAILS

**Where would you like this study to be performed ?**

## REQUESTED EXAMINATION(S)

**Please provide any known patient medical record numbers (MRNs) at these hospitals:**

TO BE REPORTED BY AN LUR RADIOLOGIST

**Preferred date & time of examination:**

## CLINICAL DETAILS

**Allergies:**  
**Creatinine:**                      **eGFR:**

## REFERRER DETAILS

**Requested By:**  
**Specialty:**  
**Address:**

**Phone:**  
**Fax:**  
**Email:**

**SIGNATURE:**

**If MRI, is safety sheet filled in?    Yes / No**

**LMP (see below):**

**In accordance with the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000:**  
All requests for X-ray examination (between the diaphragm and the knee) of females of childbearing age (12 –55 years) must state the date of the first day of the patient's last menstrual period.