

OUH IM&T Services – PACS/RIS Team

Please complete in block capitals

PATIENT IMAGING REQUEST (Requesting your own Radiology Studies)
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PATIENT DETAILS:

Title:		DOB:	D	D	M	M	Y	Y	Y	Y	Gender:												
Forename:						Surname:																	
Address:																							
Mobile No:													Home No:										
Email:																							
NHS No:													MRN:										

STUDY DETAILS: Please select only **ONE** of the two options below

<input type="checkbox"/>	Image Exchange Portal	Imaging sent electronically to another NHS or private hospital (UK)
	Hospital:	
	Location:	
	Recipients Name:	
<input type="checkbox"/>	Image Exchange Portal for Anyone	An account is created and a link is sent to the email address provided. Log into IEP with security details in order to download the images
	Email:	
	Mobile No. or Secondary Email:	

The patient is entitled to a copy of all the Radiology imaging we retain at this trust.
However if only specific episodes are required please specify below.

Study		Description:	
Date/Dates:			

DECLARATION: The information I have provided is correct to the best of my knowledge

Signed:		Date:	
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Please email the completed form to patientimagerequest@ouh.nhs.uk or alternatively post to the following address:-

PACS & RIS Team
Manor House Annexe
John Radcliffe Hospital
Headley Way
Oxford
OX3 9RR

Incomplete request forms OR those without a signature will NOT be actioned