

OUH IM&T Services – PACS/RIS Team

Please complete in block capitals

PATIENT IMAGING REQUEST (Requesting Radiology studies on behalf of someone else)

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:			

REQUESTOR DETAILS:

Title:		DOB:	D	D	M	M	Y	Y	Y	Y	Gender:												
Forename:						Surname:																	
Address:																							
Mobile No:													Home No:										
Email:						Relationship to the patient:																	

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Please ensure you provide the relevant evidence from the table below:-

Patient Details	Evidence to be provided		
Patient is under 16 and the requestor is their parent	None		
Patient under is 16 and the requestor is not their parent	Documentation that provides evidence of “parental responsibility” for the patient		
Patient is over 16	Written and signed consent from the patient Or Power of attorney for health and welfare		
Patient is deceased	Column A Requestor’s photo ID	Column B Requestor’s proof of address	Column C Documentation of deceased patient
(The Trust requires one piece of evidence from column A, column B and column C. Please note these are copies- do not send originals)	UK Driving License, or license issued by an EU member state UK Passport, or passport issued by an EU member state Travel documents issued by the Home Office Certificate of Naturalisation or Home Office Registration Certificate of birth, or adoption (only accepted when requestor has no photo ID)	Utilities bill in the requestor’s name for the previous quarter Council tax demand in the requestor’s name for the previous quarter Financial statement in the requestor’s name for the previous quarter Letter to requestor from government agency for the previous quarter	Certificate of death Certificate of marriage Power of attorney

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 OR relevant evidence will
NOT be actioned**