

Open/Wide-bore MRI

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Patients with claustrophobia are not eligible for open/wide-bore MRI scans unless either of the below criteria also applies.

Patients can only be referred for funding if they meet <u>ONE</u> or more of the criteria below.		Please tick ✓
Please indicate which of the criteria the patient meets:		
	<ul style="list-style-type: none"> Morbidly obese patients unable to access local MRI services because of their size. Please provide BMI as evidence in the box below. 	
<u>OR</u>	<ul style="list-style-type: none"> Patients with co-morbidities which mean that the patient will be at significant increased clinical risk if they were to have a standard MRI. Please provide evidence in the box below. 	



Please supply information clearly evidencing the selected criteria above

CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined? Please indicate:		Name of Clinician	
Name		Contact number	
Signature		Date	
Date			