

Patient Imaging Disc Request Form

Name

Date of Birth

Address

Reason for Disc Request

Delivery Address for Disc

(We can only deliver to UK addresses)

Date of Imaging

Type of Imaging and Body Parts

Number of Discs Required

(More than 1 Disc will be charged at £10 per disc)

Please note, the form **MUST** be signed in order to process the request

signature

date

Please return to  
Radiographers, Fortius Clinic  
17 Fitzhardinge Street  
London  
W1H 6EQ

Alternatively please scan/photograph and email to  
maryleboneradiographer@fortiusclinic.com