

## Patient imaging disc request form

Patients name

Date of birth

Contact phone number  
UK number only

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 disc required  
(More than one disc will be charged at £10 per disc)

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

Patients signature

Date

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

Alternatively please scan/photograph and email to [pacsadmin@fortiusclinic.com](mailto:pacsadmin@fortiusclinic.com)