



OPENING HOURS

Monday to Friday 8.00 am to 8.00 pm.
Saturday 8.00 am to 6.00 pm.

Additional opening hours – exclusively for GAA players
Sunday 12.00 noon to 8.00 pm
Monday to Thursday inclusive 8.00 pm to 12.00 midnight

FOR GAA PLAYERS

MRI SCAN / X-RAY REQUEST FORM

SECTION A GAA PLAYER DETAILS

Name:

D.O.B.:

 / /

Address:

Private Medical Insurance Details:

Yes No

If Yes, please give membership details and number

Club Name

Club membership number if applicable

How did you find out about Northwood Imaging?

Home Phone No:

Mobile Phone No:

Player's Declaration

I declare that to the best of my knowledge, the foregoing statements are true in every respect. I hereby authorise the doctor / dentist / physiotherapist / hospital / employer / VHI / Quinn Healthcare / VIVAS / or other service providers to supply any information requested. I understand that any deliberate misstatement will void the claim in it's entirety.

I consent for the purposes of the Data Protection Acts, 1988 and 2003 to the information I give on this claim form and any other issued to me in connection with this diagnostic modality and to any other information that I give in relation to this claim being held and assessed by Northwood Imaging and the GAA.

I give my authorisation that any information pertaining to this claim may be provided to any persons deemed relevant by Northwood Imaging.

Signature

Date

 / /

Club/County Secretary's Declaration

I declare that the above named claimant was injured as a result of participating in an officially sanctioned Game

Yes

No

I declare that the above named claimant was injured as a result of participating in an officially sanctioned Training Session

Yes

No

Name (block capitals)

Date

 / /

Signature

Phone

Email Address

Mobile



MRI SCAN / X-RAY REQUEST FORM

SECTION B FOR COMPLETION IN ALL CASES BY THE DOCTOR WHO ATTENDED THE PLAYER

Player's Name:

Player's DOB:

 /

Doctor's Name: (NAME IN BLOCK CAPITALS)

Doctor's Phone Number:

Doctor's Address:

Doctor's Mobile Number:

Doctor's Fax No:

Provide Copy of Scans on CD: Yes No

Provide Copy of Scans or Film: Yes No

Doctor's Email Address:

Required Examination (Please Tick) MRI X-Ray Both

History / Clinical Data

Investigation Details

Doctor's Signature:

Stamp:

Date:

 /



TO BE COMPLETED BY NORTHWOOD IMAGING LTD

Date of Appointment Requested

 / /

Date of Appointment

 / /

Date of Report sent to referring Doctor

 / /

Images Sent:

Yes No

If Yes were these issued on CD or by film.

CD Film

Outcome

Normal: Yes No

Further Referral: Yes No

If Yes give details

TOTAL AMOUNT DUE IN EUROS

MRI(s) _____

X-Ray(s) _____

Other Modalities: _____

Other Charges: _____

Overall Total = _____

Amount paid by Player / Club / County _____

Receipt issued by
Northwood Imaging Ltd

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DIRECTIONS

FROM M50

Take Ballymun exit (Junction 4)
At top of exit turn right for Ballymun
At First set of traffic lights turn left
(immediately before Statoil Service Station)
Enter through pillars marked Northwood
Go a short distance and go straight through small roundabout
Northwood Imaging is in the TLC Centre which is on the left.

FROM CITY

Take Swords Road out of city to M1
Take exit for Santry and Coolock, at top of exit go left
At second set of traffic lights (T junction) turn right
At next set of lights turn left into Northwood/Crowne Plaza
Go past Crowne Plaza Hotel on right
Northwood Imaging is in the TLC Centre building approximately 200 mtr beyond the hotel on the right.

FROM BALLYMUN

Go towards the M50
Turn right at traffic lights immediately after Statoil Service Station
Enter through pillars marked Northwood
Go a short distance and go straight through small roundabout
Northwood Imaging is in the TLC Centre on the left.

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GENERAL INFORMATION

