

Patient Details

Surname
Forename
Date of Birth
Address

Post Code
Mobile no.
Home telephone no.
Permission to call/leave message Yes/No
GP Name GP Practice
NHS no.*
Salisbury District Hospital no.*
New Hall Hospital no.*

Referrer Details

Name
GMC no.
Telephone no.
Address for report

Post Code
Referrer's signature
Date of referral

The Ionising Radiation (Medical Exposure) Regulations 2000 require you to complete this information accurately and in full. Please provide sufficient information to allow justification of exposure to radiation (if relevant) and sufficient information to allow image interpretation, stating a clear clinical question. Incomplete or illegible forms will be returned.

Examination Requested:

Insurance Details

Insured Yes / No
Self-funding Yes / No

Clinical Details:

Name of Insurance Company

.....

Policy no.

.....

Pre-authorisation no.

.....

Reasons for referral:

For examinations requiring IV contrast:

Is there a history of any of the following?

Renal Failure Yes / No
eGFR Date
Creatinine Date
Asthma Yes / No
Diabetes Yes / No
On metformin Yes / No
Multiple myeloma Yes / No
Contrast / Iodine allergy Yes / No
Allergies Yes / No

Allergic to

For MRI referrals:

Is there a history of any of the following?

Cardiac pacemaker Yes / No
Metallic heart valve Yes / No
Metal foreign body (eyes) Yes / No
Metal implants Yes / No
Recent surgery Yes / No
Previous cranial surgery Yes / No
Cochlear implants Yes / No

For Female Patients:

Could you be pregnant? Yes / No
Are you breast feeding? Yes / No
First day of LMP Date
LMP to be ignored

Patient's Signature:

.....

Authoriser's Signature:

.....

PLEASE RETURN TO FAX - 01722 435158 - AND MARK FOR THE ATTENTION OF CUSTOMER SERVICES - THANK YOU.
On receipt of this form we will contact the patient to arrange a convenient time for their appointment.

For Radiology Department Use Only

Radiographer Details

Radiologist's Protocol/Comment

Operator
Date

Appointment Date and Time

Contrast Medium / Drugs Administered
Dose
Number of exposures