Appointment
Date:
Time:
Date of previous imaging:

Ashtead Hospital
The Warren, Ashtead, Surrey, KT21 2SB
Tel: 01372 221475

Ramsay Health Care

Radiology Referral Form

The Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 requires you to complete all the information. Incomplete or illegible forms will be returned.

Patient Information

Hospital No. DOB
Surname
Forename
Address

Postcode Tel:
Permission to call/leave message Y/N

- ❑ Inpatient
- ❑ Outpatient
- ❑ Wheelchair
- ❑ Portable
- ❑ Bed / Trolley
- ❑ Theatre

Examination

Radiologist referred to:
Justified by:
Authorised by:

Please indicate which examination is required

- ❑ CT
- ❑ DEXA Scan
- ❑ Mammography
- ❑ Ultrasound
- ❑ X-ray

Clinical Information and Question to be Answered

Referral Details

Referrers Name (Please Print)

Address

Signature
Date:

Protocol/Comment

Interpreter Required? Yes/ No
(State language)
Capacity to Consent? Yes/No

Billing

- ❑ NHS
- ❑ Self-funding
- ❑ Medico legal ❑ Insured

Insurance company:

LMP (if required) Date:

I certify that there is no possibility I am pregnant

Signature:
Date:

Radiographer Details

Radiation Dose/DAP:
No. exposures:
Screening Time:
Radiographer Signature:
Date:

Required for radiation dose optimisation purposes

Patient Height:

Patient Weight: