

Appointment

Date:

Time:

Date of previous imaging:

New Hall Hospital
 Bodenham, Salisbury, Wilts SP5 4EW
 Tel for x-ray appointments 01722 435159



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	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Wheelchair <input type="checkbox"/> Portable <input type="checkbox"/> Bed / Trolley <input type="checkbox"/> Theatre
Examination Radiologist referred to: Justified by: Authorised by:	Please indicate which examination is required <input type="checkbox"/> CT <input type="checkbox"/> DEXA Scan <input type="checkbox"/> Mammography <input type="checkbox"/> Ultrasound <input type="checkbox"/> 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 <input type="checkbox"/> NHS <input type="checkbox"/> Self-funding <input type="checkbox"/> Medico legal <input type="checkbox"/> 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: