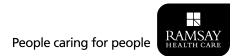
Oaks Hospital
Oaks Place, Mile End Road, Colchester, Essex, CO4 5XR
Tel: 01206 753227 Fax: 01206 855125



## **Radiology Referral Form**

Patient Information		Appointment			
Hospital No. DOB		Date			
Surname		Time			
Forename		Date of Previous	s Imaging		
Address		Walking		Portable	
		Wheelchair		Theatre	
Post Code Tel.		Bed/Trolley			
Permission to call/leave message Y/N		In Patient		Out Patient	
Examination					
Examination		Protocol/Com	ment		
Radiologist referred to:					
<b>3</b>					
Justified by:					
Clinical History					
Chilical History					
Deferred Details	The ionising	Radiation Regula	tions 2000	IB (ME)B	
Referral Details		Radiation Regula			
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RADIOLOGY REFERRAL FORM v4.0 CL-1877-302-R Confidential

Issued Date: Dec 2014 Review Date: Dec 2017