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

People caring for people

RAMSAY HEALTH CARE

Radiology Referral Form

Patient Information

Hospital No. DOB
Surname
Forename
Address

Post Code Tel.
Permission to call/leave message Y/N

Appointment
Date
Time
Date of Previous Imaging

Walking ☐ Portable ☐
Wheelchair ☐ Theatre ☐
Bed/Trolley ☐
In Patient ☐ Out Patient ☐

Examination

Radiologist referred to:

Justified by:

Protocol/Comment

Clinical History

Referral Details

Referrers name

Address

Signed Date

The ionising Radiation Regulations 2000 IR (ME)R require you to complete all the information
Incomplete / illegible forms will be returned

Bowel Preparation (to be completed by referrer)

There are no contraindication for this patient to be given bowl prep (if so, please state):

Billing

Self-funding ☐ Insured ☐
Medico-legal ☐ NHS ☐

Insurance company & price quoted

LMP (if required) Date

LMP to be ignored

Clinicians signature
Date

If outside date (10/ 28 day rule) please complete
I certify that there is no possibility I am pregnant

Signed Date

Radiographer Details

Dose

No. Exposures

Signature

Contrast Injection (complete if required)

Glaucoma Y/N Myeloma Y/N
Renal failure Y/N Diabetic Y/N
Creatinine: GFR: