Spire
Hartswood Hospital

Eagle Way
Brentwood
Essex
CM13 3LE
Tel 01277 266 775
Fax 01277 234 644

Imaging Referral

Appt:

Title | Surname

Unit No. | Episode No.

First Names

Examination required

Address / Room No. IP OP

Postcode

Clinical information

Telephone number(s)

Home

Work

Male | Female

Date of birth

Specific radiologist required

LMP Date

OR

Sign _____ Date ___/___/___

To the best of my knowledge I am not pregnant

Referring clinician

Additional Information

Address for report / films

Signature

Date ___/___/___

FOR HOSPITAL USE

No. of films	No. of exp.	Fluoro time / factors	Dose Gy / cm²	Radiographer	Date	Equipment

Drug	Amount	Batch No.	Administered by

Sim code	Area	Quantity	Price	Radiologist	Posted by