Spire
Portsmouth Hospital

Imaging Referral

Bartons Road, Havant, PO9 5NP
Tel **023 9245 6040**
Fax **023 9245 6134**
Email to: **portsmouth.radiology@spirehealthcare.com**
Referrs are advised to send via encrypted email

Examination required:

Clinical information:

Specific radiologist required:

Referring clinician:

Signature:

Date:

Address for reports / films:

Title:

Surname:

First names:

Address: IP OP

Postcode:

Telephone:

Work:

Home:

Mobile:

Male ☐ Female ☐ DOB

LMP Date:

OR

Sign Date

(To the best of my knowledge I am not pregnant)

Additional information:

Hospital use only

	Protocol	Quote	Prep	Booked	SQ	Consent	Bloods	Prev. image
MRI								
CT								