



Spire

Cambridge Lea Hospital

30 New Road
Impington
Cambridge
CB24 9EL
Tel 01223 266 953
Fax 01223 266 902

Imaging Referral

Appt:

Unit No. Episode No.

Examination required

Clinical information

Specific radiologist required

Referring clinician

Address for report / films

Signature Date

Title Surname

First Names

Address / Room No. IP OP

Postcode

Telephone number(s)
Home
Work

Male Female Date of birth

LMP Date
OR
Sign Date / /
To the best of my knowledge I am not pregnant

Additional Information

FOR HOSPITAL USE						
No. of films	No. of exp.	Fluoro time / factors	Dose Gy / cm ²	Radiographer	Date	Equipment
Drug		Amount	Batch No.		Administered by	
Sim code	Area	Quantity	Price	Radiologist	Posted by	