Spire
Portsmouth Hospital

Imaging referral

Bartons Road, Havant, PO9 5NP
Tel: 023 9245 6040
Fax: 023 9245 6134

Email to: portsmouth.radiology@spirehealthcare.com
Referrers 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: