



Spire Cheshire Hospital
 Fir Tree Close
 Stretton
 Warrington, WA4 4LU
 Tel: 01925 215 067
 Fax: 01925 215 089

Imaging Referral

Appt:

Title Surname

****Please fax this form to 01925 215 089****

Unit No. Episode No.

First Names

Examination required

Address/Room No. IP OP
 Postcode

Clinical information

Telephone number (s)
 Home: Work:
 Mobile:
 Email address:

Male Female Date of birth

Specific radiologist required

LMP Date

Referring clinician

Or
 Sign _____ Date _____
To the best of my knowledge I am not pregnant

Address for report / films

Additional Information

Signature Date

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	