



Spire
Nottingham Hospital

Tollerton Lane
Tollerton
Nottingham
NG12 4GA

Tel 0115 937 7801
Fax 0115 937 7826

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

Medico Legal Patient Yes No

For Hospital Use

No. of CDs/Discs	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	