Spire
St Anthony's Hospital

Diagnostic Imaging Request Form

N.B. This form is a legal document
Please ensure at least three unique patient identifiers have been provided.

Patient details

Patient name: .....

Date of birth: .....

Patient Hospital No: .....

Referrer Name (Printed): .....

Patient address:

Practice Name/Hospital Name/Ward:

Telephone/Mobile Number: .....

Specific Radiologist Request: .....

Examination(s) requested: .....

Clinical Indication/Reason for request:

Referrer's Signature: .....

Date: .....

Referrer's Declaration

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- The correct patient details/identifiers have been provided.
- I have given sufficient clinical information for the request to be justified according to the Ionising Radiation (Medical Exposure) Regulations (2000).

Examinations CANNOT be performed without sufficient relevant clinical information and a valid referrer's signature, in line with the Ionising Radiation (Medical Exposure) Regulations (2000).

Imaging Department Use Only:

Radiographer 3-point ID check confirmed and PAUSED (Signature): .....

Pregnancy status:

I confirm to the best of my knowledge that I am not pregnant:

Patient Signature:.....

Date:.....

Insurance Company

Policy number:

.....

Authorisation code:

.....

Appointment Details

Entered on SAP [ ]

Date.....

Time .....

Forms can be sent by fax on 020 8335 4547, by email to staimaging@spirehealthcare.com or by post to the below address:

Spire St Anthony's Hospital, 801 London Rd, Cheam, Sutton SM3 9DW
Imaging department 020 8337 6691

Looking after you.