



IMAGING REFERRAL

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| <p>EXAMINATION REQUEST:</p> <p>CLINICAL INDICATIONS: Please clearly list the relevant past medical history, with full details of the presenting complaint, including laboratory results and questions to be asked.</p> <p>Referring Clinician Name: Signature: Date:</p> | <p>Title: Surname: Forenames: Address: Postcode: DoB: Sex: Telephone Mobile: Home: Work: GP: NHS number: GP Practice:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>LMP Date: or <i>To the best of my knowledge I am not pregnant</i> Signature: Date:</p> </div> <p>Address for report: Postcode:</p> |
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| SPECIFIC RADIOLOGIST REQUIRED: | INSURER: C&B <input type="checkbox"/> NHS <input type="checkbox"/> SF <input type="checkbox"/> |
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| RADIOLOGY DEPARTMENT USE ONLY | Referrer's Declaration: |
| Protocol No. & comments | Under IRMER 2000 legislation, Referrers have the following responsibilities <ul style="list-style-type: none"> To ensure the patient details are correct To discuss the procedure with the patient/guardian To take into account the possibility of pregnancy To provide sufficient clinical information for the request to be justified by the radiology department To ensure the radiology report is reviewed |
| Practitioner & Operator Comments | |

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| Operator: Date: | ID Check: <input type="checkbox"/> | Name <input type="checkbox"/> | Address <input type="checkbox"/> | DoB <input type="checkbox"/> |
| Practitioner: Date: | | | | |

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| Dose: | mAs: | Fluoro Time: | kVp: | No. of images: |
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| Drug | Amount | Batch No | Administered By |
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| Sim code | Area | Quantity | Price | Radiologist | Posted by |
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Ward OP GP Appointment Check-in No.