



**Spire**

**Gatwick Park Hospital**

Povey Cross Road  
Horley  
Surrey  
RH6 0BB  
Tel: 01293 778 953  
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# 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

### FOR HOSPITAL USE

No. of films	No. of exp.	Fluoro time/factors	Dose Gy/cm <sup>2</sup>	Radiographer	Date	Equipment
Drug		Amount	Batch No.		Administered by	
Sim code	Area	Quantity	Price	Radiologist	Posted by	