



Spire

Nottingham Hospital

Tollerton Lane
Tollerton
Nottingham
NG12 4GA
Tel 0115 937 7781

Imaging Referral

Appt:

Unit No. Episode No.

Examination required

Clinical information

Specific radiologist required

Clinician print name

Referring clinician

Address for report/CDs/Discs

Signature

Date / /

Title Surname

First Names

Address / Room No. IP OP

Postcode

Telephone number(s)

Home Work

email address

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 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