



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 number	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	For internal use by the Imaging Department only:
<p>N.B. This form is a legal document.</p> <ul style="list-style-type: none">– 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 (2017) <p>Examinations CANNOT be performed without sufficient relevant clinical information and a valid referrer's signature, in line with the Ionising Radiation (Medical Exposure) Regulations (2017).</p>	<p>Full name</p> <p>Date of birth</p> <p>Address</p> <p>Body part and side</p> <p>Previous imaging</p> <p>Correct modality</p>
Radiographer signature:	

Pregnancy status:	Insurance Company	Appointment Details
I confirm to the best of my knowledge that I am not pregnant: Patient Signature: Date:	Policy number: Authorisation code:	Entered on SAP [] Date Time

Forms can be sent by email to staimaging@spirehealthcare.com, posted to Spire St Anthony's Hospital, 801 London Road, Cheam, Sutton, SM3 9DW or a referral can be submitted online at Spire Connect via <https://spireconnect.spirehealthcare.com>. Please call **020 8335 4678** if you have any queries.

Looking after you.