



Spire

Fylde Coast Hospital

Self pay and Insured Imaging referral

Appointments typically within 1 week

St Walburgas Road, Blackpool. FY3 8BP

Tel: 01253 308084 Fax: 01253 395453

Appt: Check In No.:

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

Latex allergy Yes No

Additional Information/Insurance Details:

Patient ID: Accession No:

Examination required:

Clinical information:

Specific radiologist required:

Referring clinician:

Address for report/films:

Signature:
Date ____/____/____

FOR HOSPITAL USE

No. of films	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

Radiographers comments: