



Spire

Harpenden Hospital

Appt:

Ambrose Lane
Harpenden
Hertfordshire
AL5 4BP
Tel 01582 714 442
Fax 01582 763 246

Imaging referral

Please send Imaging referral forms to:
HHrb@spirehealthcare.com

Unit No:	Episode No:
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Examination required

Clinical information

Specific radiologist required

Referring clinician

Address for report/films

Sign:	Date:
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Title:	Surname:
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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/m2	Radiographer	Date	Equipment

Drug	Amount	Batch No.	Administered by

Sim code	Area	Quantity	Price	Radiologist	Posted by