



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:
N.B. This form is a legal document. – 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) 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).		Full name Date of birth Address Body part and side Previous imaging Correct modality
Radiographer signature:		
Pregnancy status:	Insurance company	Appointment details
I confirm to the best of my knowledge that I am not pregnant:	Policy number:	Entered on SAP []
Patient signature:	Authorisation code:	Date
Date:		Time

Forms can be sent by email to spirestanthonysdiagnosticimaging@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 4546** if you have any queries.