

Harrogate Clinic
Gardner House
Hornbeam Park Avenue
Harrogate
HG2 8NA

Appt:

**Imaging Referral**

The completed form is to be filled in electronically and emailed via the following link: harrogateclinicradiology@spirehealthcare.com

Unit No: Click or tap here to enter text.

Title: Click or tap here to enter text.

Surname: Click or tap here to enter text.

First names: Click or tap here to enter text.

Episode No: Click or tap here to enter text.

Examination required:

Click or tap here to enter text.

Address/Room No (incl. Postcode):
 Click or tap here to enter text.

Clinical information:

Click or tap here to enter text.

Telephone number(s):

Home: Click or tap here to enter text.

Work: Click or tap here to enter text.

Gender assigned at birth:

Male [ ]  Female [ ]  Date of birth: Click or tap to enter a date.

Patient preference: Click or tap here to enter text.

Specific radiologist required:
Click or tap here to enter text.

LMP Date: Click or tap to enter a date.

Referring clinical:
Click or tap here to enter text.

**OR**

Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_/\_\_\_

*To the best of my knowledge, I am not pregnant.*

Address for report/film(s):

Click or tap here to enter text.

Additional information: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

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| --- |
| **FOR HOSPITAL USE** |
| **No. of films** | **No. of exp.** | **Fluoro time/factors** | **Dose Gy/cm2** | **Radiographer** | **Date** | **Equipment** |
|  |  |  |  |  |  |  |
| **Drug** | **Amount** | **Batch No.** | **Administered by** |
|  |  |  |  |
|  |  |  |  |
| **Sim code** | **Area** | **Quantity** | **Price** | **Radiologist** | **Posted by** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |