



Jackson Avenue
 Roundhay
 Leeds
 West Yorkshire, LS8 1NT
 Tel: 0113 218 5923
 Fax: 0113 266 3719

Imaging Referral

Appt:

Title Surname

Unit No. Episode No.

First Names

Examination required

Address/Room No. OP
 Postcode

Clinical information

Telephone number (s)
 Home: _____ Work: _____
 Mobile: _____
 Email address: _____

Specific radiologist required

Male Female Date of birth

Referring clinician

LMP Date _____
 Or
 Sign _____ Date _____
To the best of my knowledge I am not pregnant

Address for report / films

Signature _____ Date _____

Additional Information

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 | |
| | | | | | | |
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