Spire
Harpenden Hospital

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

Imaging Referral

Appt:

Title | Surname

First Names

Unit No. | Episode No.

Address / Room No. | IP | OP

Postcode

Examination required

Clinical information

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

Specific radiologist required

Referring clinician

Address for report / films

Additional Information

Signature

Date ___/___/___

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