

Appointment

Date:

Time:

Date of previous imaging:

Rivers Hospital

High Wych Road, Sawbridgeworth, Herts, CM21 OHH

Tel: 01279 602 624

**Ramsay**
Health Care**Radiology Referral**

The Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 requires you to complete all the information. Incomplete or illegible forms will be returned.

Patient Information	
Hospital No. DOB Surname Forename Address Postcode Tel: Permission to call/leave message Y/N NHS no	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bed / Trolley <input type="checkbox"/> Theatre
Examination	
Radiologist referred to: Justified by: Authorised by:	Please indicate which examination is required <input type="checkbox"/> CT <input type="checkbox"/> DEXA Scan <input type="checkbox"/> Mammography <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray
Clinical Information and Question to be Answered	
Referral Details	
Referrers Name(PleasePrint) Address Signature Date:	Protocol/Comment
	Interpreter Required? Yes/ No (State language) Capacity to Consent? Yes/No
Billing	
NHS Self-funding Medico legal Insured Insurance company:	<u>LMP (if required)</u>
	I certify there that there is no possibility I am pregnant
	Signature: Date:
Radiographer Details	
Radiation Dose/DAP: No. exposures: Screening Time: Radiographer	Required for radiation dose optimisation purposes Patient Height: Patient Weight