Spire
Roding Hospital

Roding Lane South
Redbridge
Essex
IG4 5PZ
Tel 020 8709 7840
Fax 020 8709 7875

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

Specific radiologist required Dr Pathak

LMP Date

OR

Sign Date / /

To the best of my knowledge I am not pregnant

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

SHRDIRA48