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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Radiology Referral Form | Note: As a Referrer under the Ionising Radiation Medical Exposure Regulations 2000 you are responsible for providing sufficient information to allow for identification of the patient + justification of the examination. If you do not do this, the request will be returned. | | | |
| **Patient Details:** | | | | **Referrer Details:** | | | |
| Name: |  | | | Name: | |  | |
| D.o.B: |  | | | Practice: | |  | |
| NHS No.: |  | | |  | |  | |
| Address: |  | | | Address: | |  | |
| Home Tel: |  | | | Tel: | |  | |
| Work Tel: |  | | | Fax: | |  | |
|  |  | | |  | |  | |
| **Reasons for Referral / Clinical Details:** | | | | | | | **Other Details:**  Walking  Chair  Stretcher   Mobile  NHS PP  Research Category II  Medico Legal |
| **Examination Requested** | |  | | | | | **For CT, MRI + other IV contrast an eGFR must be provided.** This must be within 3 months of referral.  **eGFR………………**Failure to supply this information may results in inappropriate or delayed investigations for this patient. |
| **Referred by** | | **This form MUST be signed** (Unless placed electronically) | | | | | |
| **Failure to supply all the above information may result in inappropriate or delayed investigation of this patient**  If you believe the patient has complex requirements (disabilities, special needs, etc.) please 01722 336262 Ext. 2133 to discuss attendance options | | | | | | | |
| **This request is valid for six weeks. If attending for a walk-in chest X-ray the patient must take this form with them. For other X-Ray, CT, MRI and Ultrasound please email** [**sft.radiologyoffice@nhs.net**](mailto:sft.radiologyoffice@nhs.net)  **The patient will be contacted with an appointment time.** | | | | | Patients who require **Dental/OPG** **X-rays** should attend “**Clinical Radiology**” on **Level 3** in the new building | | |

**Salisbury Hospital GP & Spinal X-Ray** - located in the old, central section of the Hospital. From Car Park 7, use the eye clinic entrance and follow signs to GP & Spinal X-ray or from The Green use the entrance by the bus stop and follow signs to Day Surgery; X-ray is next to Day Surgery.

Monday: 9am - 4.30pm Appointment Only

Tuesday: 9am - 4.30pm Appointment Only

**5pm - 7.30pm Walk-in Chest X-ray only**

Wednesday: 9am - 4.30pm Appointment Only

Thursday: 9am - 4.30pm Appointment Only

**5pm - 7.30pm Walk-in Chest X-ray only**

Friday:9am - 4.30pm Appointment Only

**we ARE UNABLE TO x-RAY PATIENTS outside of the above times**

**Westminster Memorial Hospital SP7 8BD Shaftesbury**

Mon/Tues/Thurs/Fri 9am-4.30pm Appointment Only

**White Horse Health Centre BA13 3FQ** **Westbury**

Mon & Wed 9am-4.30pm Appointment Only

**X-Ray Unit, Highfield House SP6 1JD Fordingbridge**

Tues & Fri 9am-4.30pm Appointment Only