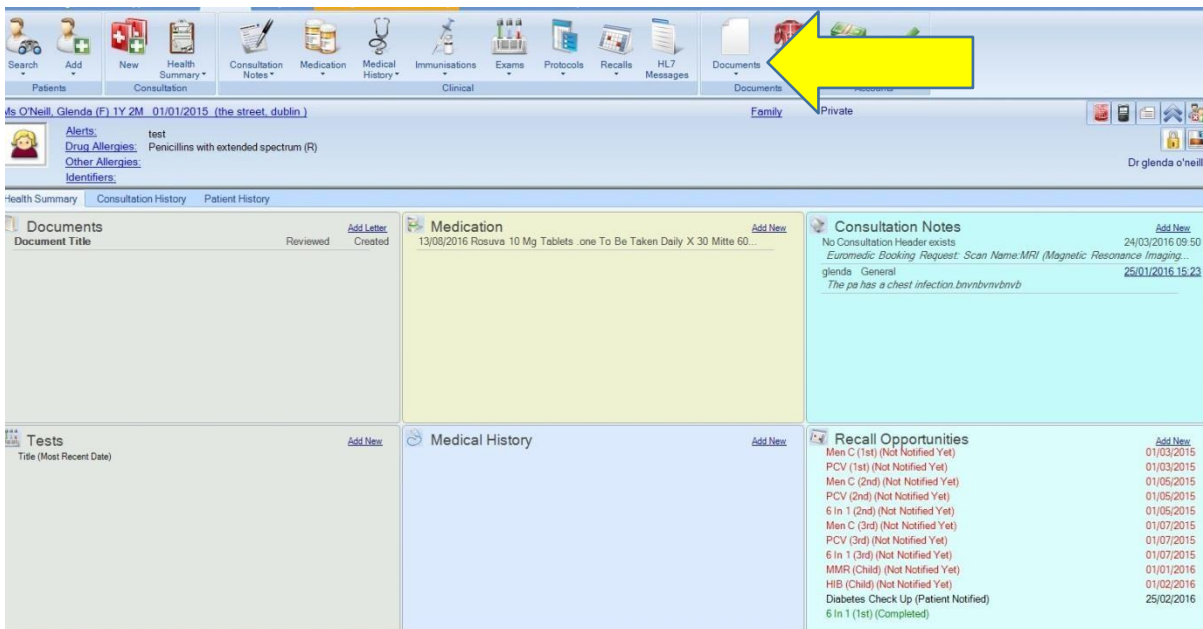
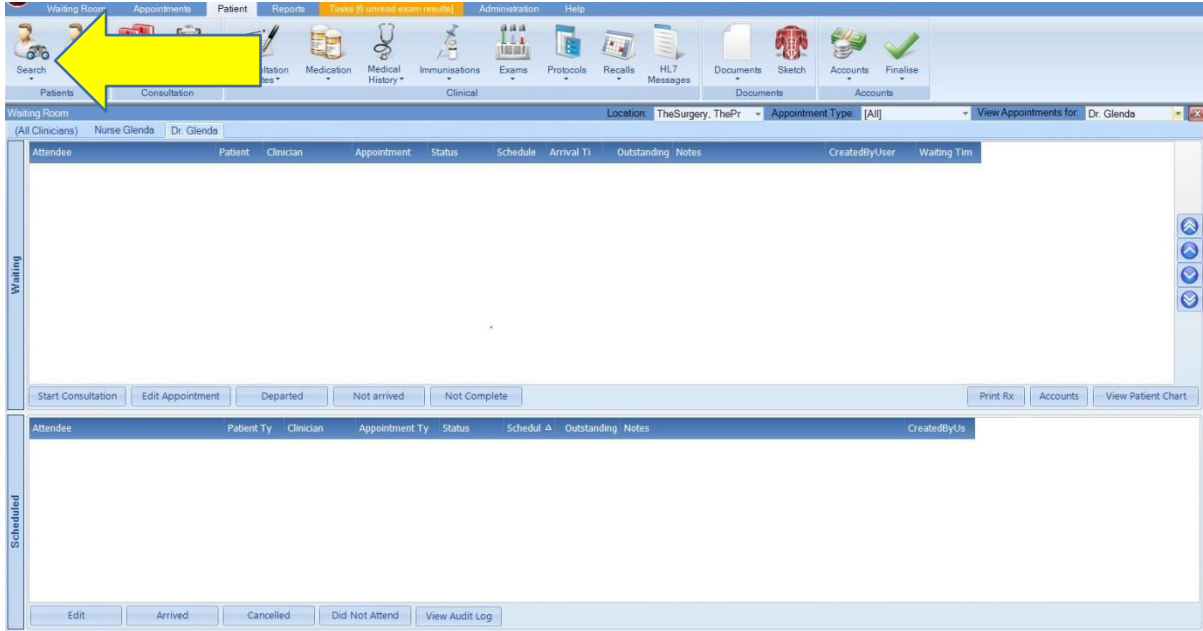


Please note :

- Referral Receipt from Affidea, will be saved directly to the patients file.
- You are not making an appointment for patient. You are sending referral. Affidea will phone

patient to make appointment to suit.

Click **search** to find patient, as shown below.



Click **Documents**, as shown below. Then Click: **Euromedic Referral**

Input required fields, red are mandatory

The screenshot shows the 'Patient details' and 'Examination details' sections of the EuroMedicWebBooking form. The 'Patient details' section includes fields for Name (Glenda), Surname (O'Neill), Gender (Female selected), Date of birth (01/01/2015), Address 1 (the street), Address 2 (dublin), Town, Contact number, GMS number, and Payment type. The 'Examination details' section includes Examination required, Clinic, Area of the body, Detailed clinical info (with a red warning: 'Please provide as much clinical information as possible to enable us to process your referral quickly.'), and Previous imaging (No selected). A yellow arrow points to the 'Next' button.

Preferred Date: Add today's date, to avoid unnecessary time loss trying to choose an available date. Affidea will contact patient and arrange scan at a date to suit patient.

The screenshot shows the 'Booking details' and 'Booking questions' sections of the EuroMedicWebBooking form. The 'Booking details' section includes Preferred date, Preferred time (AM selected), and Last period date. Two yellow arrows point to the Preferred date and Last period date fields with the text 'Add today's date'. The 'Booking questions' section contains a list of medical questions with Yes/No radio buttons. A yellow arrow points to the 'Request Booking' button.

Booking details

Preferred date: **Add today's date**

Preferred time: AM PM All day

Last period date: **Add today's date.**

Booking questions

Do you have a cardiac pace-maker or defibrillator? Yes No

Do you have a cerebral aneurysm clip? Yes No

Do you have any eye or ear implants? Yes No

Do you have an artificial heart valve? Yes No

Do you have any shunts fitted? Yes No

Have you ever had metal fragments in the eyes? Yes No

Do you have stents fitted? Yes No

Do you have any mobility problems? Yes No

Do you have any body piercings or metallic accessories? Yes No

Is there any possibility you might be pregnant? Yes No

Do you suffer from claustrophobia? Yes No

Do you weigh over 15 stone/95 kilograms? Yes No

Have you had any previous scans relating to this issue? Yes No

Please note this is a provisional booking only and must be confirmed by Affidea appointment team.

Back Request Booking **Request Booking** Close