



- nothing is more important than health

Radiology Referral Form

Referrals can only be accepted from a medical professional. Please complete this form clearly to help us process your referral promptly.

Patient Details

First name: [first-name]

Surname: [surname]

Mobile: [mobile]

Gender identity:

Gender assigned at birth:

Address: [address]

Date of Birth : [dob]

Self Payer:

Private health insurance:

Insurer name: [insurer-name]

Examination Required

Examination(s): [examination-required]

Area to be examined: [area-examined]

Detailed clinical information: [clinical-info]

Previous imaging:

Details: [previous-imaging-details]

Mobility aid used: [mobility-aid]

Referring Details

Referrer title:

Referrer's Name: [referrer-name] **Practice Name:** [practice-name]

GMC/HCPC: [gmc-hcpc]

Contact No: [contact-no]

Email: johndoe@nowhere.com

Other Professional No: [professional-no]

Address: [referrer-address]

Signature: [signature]

Patient Safety

- Please note that certain radiology examinations in pregnancy may put the unborn infant at risk.
- For MRI, cardiac pacemakers, aneurysm clips, shunts, cochlear implants, intra-ocular implants, metallic foreign bodies, some surgical implants and early pregnancy are contraindicated.
- Please indicate previous history of contrast reactions, allergies, medications, renal failures, liver disease, diabetes, etc.