Request for Ultrasound Scan

KINGSBRIDGE Private Hospital

Patient number:	
WLI number:	

Referrers are required to complete sections 1-4 accurately and legibly. Inadequately completed forms will not be accepted.

1 - Patient details - print or affix addressograph or label

Title:		Forename:		Surname:	
DOB:		Gender: ☐ Male ☐ Female			
Address:					
Postcode:		Tel (Home):		Mobile:	

Patient Identification
For Kingsbridge Private Hospital use only.

I have confirmed the above patient's name, address and DOB. Signed:

Verified by patient: ☐ If another/status: Signed:

2 - Cautions (if none, tick here ☐)

Pregnancy:

☐ Yes

☐ No

Date of LMP:

Infection Risk:

☐ MRSA

☐ Category 3

☐ Other

Other cautions:

☐ Diabetes ☐ Blind ☐ Impaired cognitive function ☐ Asthma ☐ Mobility ☐ Deaf ☐ Bronchospasm

☐ Alergies (please specify):

☐ Other (please specify):

3 - Clinical details/notes. Please include provisional diagnosis or indication and indicate results of previous tests / imaging if applicable.

E.C.G. report:

Chest x-ray report:

Referrer (print name):		Signature:		Date:	
Address:				Post Code:	

Please send completed form by post, fax or email to:

Kingsbridge Private Hospital, MRI, CT and Outpatients Centre, 801 - 805 Lisburn Road, Belfast, BT9 7GX.
T: +44 (0) 28 9073 5272 | F: +44 (0) 28 9024 9929 | E: imaging@3fivetwo.com

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4 - Examination/procedure request:

Referrer (print name):		Signature:	
Date device fitted:		Date device due back:	

For operator/practioner use only

Examination/procedure authorised by: Date:

(Subject to a decision to proceed following completion of pregnancy status section on reverse, if relevant.)

Assigned to (Radiologist):

☐ Reported ☐ Report sent ☐ Disc sent Date sent:

Address sent to:					
Postcode:		Tel (Home):		Mobile:	

Pharmaceutical prescription and contrast administration

Name:	Strength:	Dose/QTY:	Batch # & Exp. date:	Drawn up by:	Checked by:
Prescriber's signaure:			Administed by:		

Notes

☐ Aorta		☐ Gall bladder	
☐ IVC		☐ CBD	
☐ Liver		☐ Pancreas	
☐ Left kidney		☐ Right kidney	
☐ Spleen		☐ Bladder	
☐ Uterus		☐ Prostate	
☐ Left ovary		☐ Right ovary	
☐ Other			

For Kingsbridge Private Hospital admin use:

This patient is:

☐ Insured ☐ Self funding ☐ WLI ☐ Employer ☐ Occ Health/Screen

Insurance company/trust:

Policy Number: Authorisation number:

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