Request for x-ray

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

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 ☐)

Diabetes mellitus: must be completed if patient is required to fast prior to procedure OR requires iv/a contrast media.

☐ **No**

If **yes**, controlled by:
- ☐ Insulin
- ☐ Diet
- ☐ Glucophage/Metformin
- ☐ Other (please specify): _____

Other cautions:
- ☐ Blind
- ☐ Deaf
- ☐ Mobility
- ☐ Impaired Cognitive Functioning
- ☐ Other (please specify): _____

Infection risk to staff:
- ☐ MRSA
- ☐ Category 3
- ☐ Other (please specify): _____

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

☐ LMP/Pregnancy status: _____

4 - Examination/procedure request:

Referrer (print name):		Signature:		Date:	
Address:				Post Code:	
Tel (home):		Mobile:			
Appointment date:		Appointment time:			

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.)

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

XR

For operator/practitioner use only

Pregnancy status

This section must be completed for a female aged 12 – 55 years for procedures in which the primary x-ray beam irradiates the area between the diaphragm and upper femora.

A **Ascertain from the patient if she is:**

- ☐ Definitely not pregnant (Complete B & D. Proceed with exposure)
- ☐ Definitely pregnant (Complete B & C)
- ☐ Might be pregnant (Complete B & C)

B Date of the first day of last menstrual period (LMP):

C **Practitioner must review justification for the proposed exposure**

- ☐ Justified (Complete D and proceed with exposure)

Practitioner's signature:

Out of hours: Discussed with:

Operator's initials: Date:

- ☐ Not justified proceed as follows:

D

Patient's signature:

Operator's initials:

Date:

Pharmaceutical prescription and contrast administration

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

Examination/procedure details

Date:	Examination:	kVp:	mAs:	DAP Screening:	Screening time:	# of images:	Operator:

Scan reporting and dispatch

Assigned to (Radiologist):		☐ Report sent ☐ Disc sent	Date:	
Address sent to:			Post Code:	

Notes

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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