

Request for X-ray



Patient ref 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	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address				Postcode	
Tel (Home)		Tel (Mobile)			

Patient Identification - For Kingsbridge Private Hospital use only.

I have confirmed the above patient's name, address and DOB.		Signed	
<input type="checkbox"/> 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. Yes No

If **yes**, controlled by Diet Insulin 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

Please send completed form by post or email to:

Kingsbridge Private Hospital, MRI, CT and Outpatients Centre, 801 - 805 Lisburn Road, Belfast, BT9 7GX.

T: +44 (0) 28 9073 5272 | E: imaging@3fivetwo.com | kingsbridgeprivatehospital.com

XR

4. Examination/procedure request:

Referrer (print name)	Signature	Date
Address		Postcode
Tel (home)	Mobile	
Appointment date	Appointment Time	

For operator/practitioner use only

Examination/procedure authorised by	Date
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(Subject to a decision to proceed following completion of pregnancy status section on reverse, if relevant.)

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)
- Is 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 signature

Date

Pharmaceutical prescription and contrast administration

Name	Strength	Dose/QTY	Batch no. & exp. date	Drawn up by	Checked by
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescriber's signature	Administered by			<input type="text"/>	<input type="text"/>

Examination/procedure details

Date	Examination	kVp	mAs	DAP Screening	Screening time	No. of images	Operator
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Scan reporting and dispatch

Assigned to (Radiologist) Report Sent Disc Sent Date
Address sent to Postcode

Notes

For Kingsbridge Private Hospital use only.

This patient is:

Insured Self-funding WLI Employer Occ Health/Screen

Insured company/trust

Policy Number Authorisation Number

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