

The Ionising Radiation (Medical Exposure) Regulations 2000 require you to complete this information accurately. Incomplete or illegible forms may be returned.

Bath Imaging Partners RADIOLOGY REFERRAL FORM



Telephone: 01225 684543

E-mail: ruh-tr.bip@nhs.net

Website: www.bathimaging.co.uk

Patient Details:	Referrer Details:
Hospital Number:	Name:
NHS Number:	Profession:
Surname:	GMC or HPC No:
Forename:	email address for report:
Date of Birth:	
Address:	
Post Code:	Telephone Number:
Telephone Number:	Date:
GP Name / Practice:	
Modality:	Known Allergies:

Examination Requested:

Clinical Details:

Emailed referrals to the secure address ruh-tr.bip@nhs.net are preferred.

Please ensure GDPR compliance, using encryption as appropriate.

When the referral is received, the patient will be contacted to arrange a convenient appointment

For Completion by Imaging Department Staff:		
Radiologist's protocol:		
Patient ID Check:	(Operator)	Date
Operator's Notes: Kvp: mAs: Dose (cGycm ²): Screening Time: Operator(s) undertaking exposure:	Contrast Administered:	