

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:	Contrast Administered:	
Kvp:		
mAs:		
Dose (cGycm ²):		
Screening Time:		
Operator(s) undertaking exposure:		