Spire
Alexandra Hospital

Impton Lane
Walderslade
Chatham
Kent ME5 9PG

Tel: 01634 662863
Email: Spire.alexandradiagnosticimaging@nhs.net

Imaging Referral

Appt:

Title | Surname

Unit No. | Episode No.

First Names

Examination required

Address/Room No. OP

Postcode

Clinical information

Telephone number (s)

Home: Work:
Mobile:
Email address:

Male | Female | Date of birth

Specific radiologist required

LMP Date

Or

Sign_____Date _____

To the best of my knowledge I am not pregnant

Referring clinician - please print name in full

Address for report / films

Additional Information

Signature Date

FOR HOSPITAL USE

No. of films	No. of exp.	Fluoro time/factors	Dose GY/cm²	Radiographer	Date	Equipment

Drug	Amount	Batch No.	Administered by

Sim Code	Area	Quantity	Price	Radiologist	Posted by