Spire
Bushey Hospital

Spire Bushey Hospital
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Email: imagingbushey@spirehealthcare.com

Spire Bushey Diagnostic Centre
290 Centennial Park Avenue, Elstree, Hertfordshire WD6 3SU
Tel: 020 8736 4600 / 020 8736 4610
Email: imagingbushey@spirehealthcare.com

Imaging referral

Appt date:	Time:
Examination required	
Clinical information	
Patient under 18 years old Yes ☐ No ☐	
Specific radiologist required	
Referring clinician	
Address for report/ films	
Sign: Date:	

Title:	Forename:
Surname:	
Address/ room no:	IP/ OP
Postcode:	
Telephone number(s) Home: Work:	
Male ☐ Female ☐	Date of birth
LMP date:	
To the best of my knowledge I am not pregnant Sign: Date:	
Additional information. (ie Drugs, radiation doses, screening times etc).	

MRI/ CT Contraindications	Please tick and complete the following
Does patient have Cardiac Pacemaker/ WIRE/ LEADS/ Defibrillator/ Valve?	Yes ☐ No ☐
Does the patient have aneurysm clips/ coils/ implant in head?	Yes ☐ No ☐
Does the patient have metallic fragments/ shrapnel in eye or body?	Yes ☐ No ☐
Does the patient have any renal insufficiency?	Yes ☐ No ☐
If so can you provide EGFR within three months (Contrast patient only)	Yes ☐ No ☐
Has the patient had a previous reaction to contrast?	Yes ☐ No ☐
Is the patient taking anticoagulants?	Yes ☐ No ☐
If so please give details:	