



Spire

Norwich Hospital

Appt:

Old Watton Road
Colney
Norwich
NR4 7TD
01603 255 531

Imaging referral

| |
|---|
| Spire Hospital number: |
| Examination required: |
| Clinical information: |
| Any previous imaging undertaken relating to this referral? If 'yes' please provide details, ie NNUH, Spire etc.: Yes No |
| Specific radiologist required: |
| Referring clinician: |
| Address for report/films: |

| | | |
|----------------------------|-----|----|
| Clinically urgent referral | Yes | No |
|----------------------------|-----|----|

| | | |
|---|----------|----------------|
| Title: | Surname: | |
| First names: | | |
| Address/Room number | IP | OP |
| | | |
| Postcode: | | |
| Telephone number(s) | | |
| Home: | Work: | |
| Male | Female | Date of birth: |
| Is a language interpreter required? Yes No | | |
| If yes, which language is required? | | |
| LMP date: | | |
| OR | | |
| Sign: | Date: | |
| To the best of my knowledge I am not pregnant | | |
| Additional information/implant information: | | |
| | | |
| Sign: | Date: | |

| MRI / CT contraindications | Please tick and complete the following | |
|--|--|----|
| Do you have a cardiac pacemaker or other cardiac device? | Yes | No |
| Do you have an internal hearing device? | Yes | No |
| Do you have any other type of electronic implant? | Yes | No |
| Have you ever had metal enter your eyes or body? | Yes | No |
| If 'yes' to any of the above please provide details: | | |
| | | |
| Are you pregnant? | Yes | No |
| Height: | Weight: | |
| eGFR is required for ALL patients over 65 years and any patient with renal impairment receiving contrast in both MRI and CT. | | |
| Result: | Date obtained: | |

Please ensure this imaging request is signed by a doctor prior to submitting to Spire, to prevent any delays