



Spire

Harpenden Hospital

Appt:

Ambrose Lane
Harpenden
Hertfordshire
AL5 4BP
Tel 01582 714 442
Fax 01582 763 246

Imaging referral

Please send Imaging referral forms to:
spireharpendediagnosticimaging@spirehealthcare.com

Unit No:	Episode No:
----------	-------------

Examination required

Clinical information

Specific radiologist required

Referring clinician

Address for report/films

Sign:	Date:
-------	-------

Title:	Surname:
--------	----------

First names:

Address/Room No	IP	OP
-----------------	----	----

Postcode:

Telephone number(s)

Home:	Work:
-------	-------

Male	Female	Date of birth:
------	--------	----------------

LMP date:

OR

Sign:	Date:
-------	-------

To the best of my knowledge I am not pregnant

Additional information

For hospital use

No. of films	No. of exp	Fluoro time/ factors	Dose Gy/m2	Radiographer	Date	Equipment

Drug	Amount	Batch No.	Administered by

Sim code	Area	Quantity	Price	Radiologist	Posted by