Tel: 01483 80 10 10
Fax: 01483 431 931
Thursley Hall
Farnham Lane
Haslemere
Surrey GU27 1HA
www.theimagingclinic.co.uk

RADIOLOGY REQUEST FORM

X-Ray ¨ CT ¨ MRI ¨ Ultrasound ¨ DEXA ¨ Nuc Med ¨ PET/CT ¨ Intervention ¨

Patient Details

Title	Forename(s)	Surname		Telephone Home:
DoB	Male	Female	LMP/Pregnancy	Work: Mobile:
Address				E-mail:
				Insurance Co. / Self-funding
Postcode				Membership Details

Request Details

Radiology Request	Preferred Radiologist
Clinical Details	

Referrer Details

Referrer's Name		Contact Details Tel:	
Address for Report		Fax: E-mail:	
Postcode	Report required by	Signature	Date

Office Use Only

Preparation	Imaging Protocol	Appointment Date/Time/Location

When complete, please fax to 01483 431 931 or post form to the above address