

For Office use:

**PRIMARY CARE OUT OF AREA RADIOLOGY REQUEST FORM**

**For use only when ICE electronic requesting is not an option**

**For X-ray - Please complete and give to patient to bring to Radiology Department. For other radiology please complete and email to: Frimley Park:** [fhft.radiology.appt.authors@nhs.net](mailto:fhft.radiology.appt.authors@nhs.net), **Wexham Park:** [Fhft.radiology.appointments@nhs.net](mailto:Fhft.radiology.appointments@nhs.net)

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| --- | --- |
| Name of Patient’s GP: |  |
| GP National Code: |  |
| GP Practice name: |  |
| GP Practice Nat code: |  |
| Practice Address: |  |
| Tel: |  |

|  |  |
| --- | --- |
| NHS no: |  |
| Surname: |  |
| Forename: |  |
| Title: |  |
| DOB: |  |
| Address: |  |
| Tel: |  |
| NHS  Private | |

**REFERRER**

**PATIENT**

|  |
| --- |
| Examination Requested: |
| Clinical Details: |
| Please advise if patient requires any additional support:  Translator  Hoist  Lifting  O2  Bed  Transport  Other  Please note: |
|  |
| **Radiology Requestor Declaration**  By making this referral I understand my legal responsibilities under IR(ME)R 2020 and confirm that   * The correct patient details are given * I have discussed the examination with the patient/responsible guardian * I have taken into account the possibility of pregnancy * I will ensure the results of this examination are recorded in the patient notes or electronic record |

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| SIGNATURE **\*** | NAME | DATE |

Please click here for full details of our sites opening hours and contact details: [Radiology | NHS FHFT (fhft.nhs.uk)](https://www.fhft.nhs.uk/services/radiology/) **\*Unsigned request cannot be accepted and will be returned.**