

Imaging Department Request Form

Issue January 2021 Review January 2024

N NEW VICTORIA
HOSPITAL

184 Coombe Lane West, Kingston upon Thames, Surrey, KT2 7EG
Telephone Enquiries: +44 (0) 20 8949 9030 Fax: 020 8949 9032 Email: imaging@newvictoria.co.uk

Referring Clinician: _____ Surname: _____

First name: _____
Address: _____ Date of birth: _____

Address: _____

Post code: _____ Tel no.: _____
Hospital no.: _____
Fax no. (for results): _____ Insurance company: _____
Tel no.: _____ Policy no.: _____

Clinical Information (IRmER requires a full history):

Patient Transport:

Inpatient Room no. _____

Walking

Chair

Bed

Allergies _____

Asthmatic

Diabetic

Other _____

Examination(s) Required:

I believe that I am not pregnant
at the time of this examination.

Signature: _____

Date: _____

LMP Date: _____

Signature: _____

Print Name: _____

For Imaging Department Use Only

Appointment Information

Date: _____

Time: _____

Print Name: _____

Contrast Information

Name _____

Time: _____

Lot No.: _____

Exp Date: _____

Radiographer Justification

Initials: _____

Dose: _____

Date: _____