GP Radiology Referral Form

**(in contingencies when ICE is not available)**

ALL fields are mandatory. If the form is not completed or illegible it will be rejected

|  |  |
| --- | --- |
| Patient Surname |  |
| Given names |  |
| NHS Number |  |
| Date of Birth |  |
| Gender |  |
| 1st line of address |  |
| Postcode |  |
| Patient Contact No : |  |
| GP Surgery/Code |  |
| GP Referrer |  |
| Clinical information  (Reason for request) |  |
| Examination(s) Required |  |
| Urgency | Routine (within 1-3 weeks)  Urgent (explain why in clinical reasons)  Walk in (RSH Chest Only) |
| Other Information  Special requirements/holidays etc) |  |

Please use nhs.net email and send to

[uhs.gpreferral@nhs.net](mailto:uhs.gpreferral@nhs.net)

<add link to UHS ICE Radiology Requesting Guidelines>