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| **Radiology Referral: over 16 years old** | A4 Minutes background Mono v4Radiology use onlyPrevious imaging: | **A4 Minutes background Mono v4** |
| Name: DOB: NHS/UR No:Address:M / F**Tel/Mob. No:** |
| Clinical indications **and** questions to be answered:Examination / area of interest: DATE: |
| ESSENTIAL BOOKING INFORMATION:Chair: Transport: Hoist: Infection Risk: Y / N |
| GP/Surgery: | Pregnancy Status: Y / NLMP: |
| **Referral Location:**  | NHS | Private |
| **Signature: authorised referrer IR(ME)R 2017:** | **Name Printed:**  |
| Job Title:  | Contact number:  |
| **Important Information** |  |
| **RADIOLOGY BOOKED APPOINTMENT SERVICE**\*GP’s: Please email all referral forms to:shft.radoffice@nhs.net **48 hours** following their GP referralThe Patient is to call: **01590 663110**to book their X-ray appointment between **10am & 3pm, Monday to Friday.** For URGENT referrals, please indicate on the referral form. An appointment will be booked for the patient.**FORM VALID FOR 1 MONTH ONLY** | **Site Opening times:****Lymington:** Monday-Friday:  08.45-12.30 and 13.30-16.00**Romsey:** Tuesday, Thursday & Friday: 08.45-12.30and13.30-16.00 **(No transport or hoist patient access)****Hythe: Booked appointment – Closed until further notice.****\*Patients Please Note: DO NOT bring children to your appointment. We are unable to supervise during your examination.**  |
| INCOMPLETE/ILLEGIBLE FORMS WILL BE RETURNED |