ULTRASOUND REQUEST FORM

Radiology dept telephone (0)20 7460 5746/5747 Radiology dept fax (0)20 7835 2496

PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL
All sections of this form must be fully completed

Appointment:

Date ______________ Time ______________

Referring Consultant / GP ____________________________

Report / CD to ____________________________________

Patient details: Place sticker here

Name ______________________________

DOB __________________

MRN __________________ Sex [M] [F]

Pregnant [Y] [N]

LMP ______________ Signature __________________________

PATIENT TO BRING PREVIOUS X-RAYS OR SCANS

Chg. No	Tick	Exam
635613		US ABDOMEN
631007		US ABDOMEN ARFI
633626		US ABDOMEN & / DOPPLER
633617		US ABDOMEN & PELVIS
633641		US BIOPSY (HISTOLOGY NOT INCLUDED)
633624		US DRAINAGE (HISTOLOGY NOT INCLUDED)
633274		US RENAL BIOPSY (HISTOLOGY NOT INCLUDED)
635612		US THORAX
633705		US DYNAMIC PENILE DOPPLER
633621		US BREAST BILATERAL
631116		US TRU CUT BIOPSY (HISTOLOGY NOT INCLUDED)
633436		US RIGHT BREAST
633417		US LEFT BREAST
631033		US MUSCULOSKELETAL - 1 PART
631045		US MUSCULOSKELETAL - 2 PART
633694		US STEROID INJECTION
633613		US TV (TRANSVAGINAL)
633616		US PELVIC FULL
633618		US RENAL
635241		US RENAL TRACT
635614		US RENAL TRACT & FLOWRATE
631019		US RESIDUAL URINE
631020		US RESIDUAL URINE & FLOWRATE
633382		US FLOWRATE ONLY
633138		US BILATERAL LEG DOPPLER
631016		US FNA (HISTOLOGY NOT INCLUDED)
635611		US THYROID
633620		US SOFT TISSUE
633625		US TR (TRANSRECTAL)
633629		US PROSTATIC BIOPSY (HISTOLOGY NOT INCLUDED)
633703		US PAEDIATRIC CRANIAL
633704		US PAEDIATRIC HIP

SPECIAL INSTRUCTIONS:

Allergies ________________________________

Hep B status ______________________________

MRSA status ______________________________

OTHER EXAMINATIONS OR SPECIAL VIEWS REQUIRED:

CLINICAL INDICATION:

What clinical question do you require answering?

Examinations CANNOT be performed without sufficient relevant clinical information and a Doctor's signature, in line with the Ionising Radiation (Medical Exposures) Regulations 2000.

Referring clinician signature

Signature ______________________ Date / /

Operator ______________________ Date / /

Guidance Notes for Referrers

In accordance with the Ionising Radiation (Medical Exposures) Regulation 2000, the Bupa Cromwell Hospital Radiology Department would like to make all Referrers aware of the following Guidelines:

Referrals:

- A request for a Radiological Examination will be regarded as a request from one Clinician or Health Professional to the Radiology Department for an opinion based upon a radiological examination to assist in the management of a clinical problem.
- Diagnostic Imaging or radiological procedures will only be performed upon a written request signed by a Registered Medical or Dental Practitioner or by an authorised Non-Medical Practitioner.
- Signed referrals (request form or letter) must precede or accompany the patient. Signed faxes are also accepted.
- All requests must carry sufficient information to identify the patient. This normally consists of first name, middle name if any, and family name, date of birth and address.
- All requests must carry sufficient clinical information to enable the requested examination to be justified. Referral criteria are based on the Royal College of Radiologists' Guidelines - "Making the best use of a Department of Clinical Radiology: Guidelines for Doctors".
- All requests shall clearly state the examination requested.
- All requests must include contact details of the Referring Clinician including address and telephone number.

Females of Childbearing Age (12-55 years)

- All requests for X-ray examinations (between the diaphragm and the knees) for females of childbearing age (12-55 years) must state the date of the first day of the patient's menstrual period.

Clinical Justification of Requests:

- All requests for imaging will be assessed prior to exposure by the appropriate Practitioner for the examination to ensure that they meet with The Royal College of Radiologists' Guidelines and any local Guidelines and that, in their professional judgement, they are clinically justified (Royal College of Radiologists Publication: BCFR(00)5).