



# The Bridge Clinic

The Bridge Clinic, Oldfield Lodge, Bridge Road, Maidenhead, Berkshire, SL6 8DG.  
 Telephone: 01628 760900 Facsimile: 01628 760909  
 email: admin@bridge-clinic.com www.bridge-clinic.com

## Radiology Request Form (X-ray, ultrasound, mammography)

### Appointment

Date:

Time:

Prep. Advised:

Message:

Name		DoB .....	Sex M / F
Address:			
Tel. Numbers: Home ..... Work ..... Mobile .....			
Examination(s) Requested			
Clinical Indications for Investigation		Diabetes Mellitus Yes / No	
Name of Referrer:	Radiologist Referred to:		
Practice Stamp and Address for Report	Referrer's Declaration: Under IR(ME)R 2000 Legislation, Referrers have the following responsibilities. <ul style="list-style-type: none"> <li>To ensure the patient details are correct.</li> <li>To discuss the procedure with patient/guardian</li> <li>To take into account the possibility of pregnancy</li> <li>To provide sufficient clinical information for the request to be justified by the radiology department</li> <li>To ensure the radiology results are reviewed and recorded.</li> </ul>		
Referring Doctor's Signature .....		Date .....	
<i>To be filled in by the patient:</i> Do you think you might be pregnant? Yes / No		Signature .....	
Pregnancy status checked by .....		Signature .....	
I D Checked by .....		Signature/initials .....	
Practitioner Name .....		Signature/initials .....	
Dap/Dose .....		Films Used ..... No of Exposures ..... Date .....	