

The Bridge Clinic, 156 Bridge Road, Maidenhead, Berkshire, SL6 8DG.
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Radiology Request Form (Ultrasound and X-Ray)

Appointment
Date:
Time:
Prep. Advised:
Message:
Message:

Name	DoB Sex M / F		
Address:			
Tel. Numbers: Home			
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)R17 Legislation, Referrers have the following responsibilities. • To ensure the patient details are correct. • To discuss the procedure and risks and benefits with patient/guardian • To take into account the possibility of pregnancy • To provide sufficient clinical information for the request to be justified by the radiology department • To ensure the radiology results are reviewed and recorded.		
Referring Doctor's Signature			
To be filled in by the patient: Do you think you might be pregna	ant? Yes / No Signature		
Pregnancy status checked bySignatureSignature			
I D Checked by	Signature/initials		
Patient consent checked by			
Practitioner Name			
	Exposures Date		

How to find us

Oldfield Lodge is easily accessible from the M4. The entrance is 100 yards on the left from the bridge roundabout. Parking is situated behind the clinic.



