

Imaging Request Form

Peregrine Road, Westhill Business Park
Aberdeenshire AB32 6JL

Appointments Tel: 01224 515254

Email: imaging@rochealthservices.com

Website: www.rocprivateclinic.com



ROCPRIVATE[®]
CLINIC

Patient Details Name: _____ Date of Birth: _____ Address: _____ _____ _____ Postcode: _____ Landline/Mobile: _____ Email: _____ Preferred method of contact: Phone <input type="checkbox"/> Email <input type="checkbox"/>	Funding Self-Funded <input type="checkbox"/> UK Insurance <input type="checkbox"/> Int. Insurance <input type="checkbox"/> NHS <input type="checkbox"/> Patient's Insurance Company: _____ Membership Number: _____ Pre-authorisation Number: _____ Please note: Uninsured patients and insured patients without preauthorisation are required to pay on the day of their appointment
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Referral Information X-ray / Ultrasound Echocardiogram Region to be imaged: For X-ray only - date of last menstrual period:	Clinical Indication for Referral
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------

Previous Medical History Please provide details of any previous, relevant medical history including surgery: Please include any recent imaging reports.

LONDON - HARLEY STREET & ABERDEEN

London: Phone +44 (0) 207 935 06 06

Aberdeen: Phone +44 (0) 1224 515 254

www.rochealthservices.com www.rocprivateclinic.com

ROC-CLI-FRM-000028-Rev02

Imaging Request Form

Peregrine Road, Westhill Business Park
Aberdeenshire AB32 6JL

Appointments Tel: 01224 515254

Email: imaging@rochealthservices.com

Website: www.rocprivateclinic.com



ROCPRIVATE[®]
CLINIC

Safety Check	ROC Staff Use
<p>Could the patient be pregnant? Yes / No Is the patient breastfeeding? Yes / No Is the patient a high infection risk? Yes / No If yes, please specify:</p> <p>Does the patient have any allergies? Yes / No If yes, please specify:</p>	<p>Justified by: Name: _____ Signature: _____ Date: _____</p>

Referring Clinician	
<p>Name: Signature: Date: IR(ME)R 2000 regulations require referrals to be signed by referring clinician</p>	<p>Address: _____ _____ Postcode: _____ Landline/Mobile: _____ Email: _____ Preferred method of contact: Phone <input type="checkbox"/> Email <input type="checkbox"/></p>

LONDON - HARLEY STREET & ABERDEEN

London: Phone +44 (0) 207 935 06 06

Aberdeen: Phone +44 (0) 1224 515 254

www.rochealthservices.com www.rocprivateclinic.com

ROC-CLI-FRM-000028-Rev02