

## Mammography Request Form

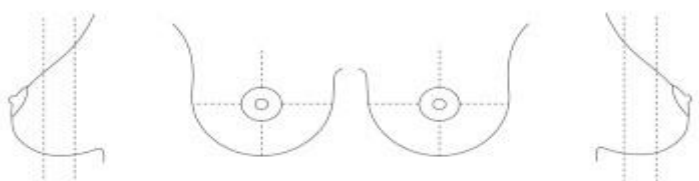
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**Appointments** Tel: 01224 515254

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**Website:** [www.rocprivateclinic.com](http://www.rocprivateclinic.com)

### Important! Please send all previous relevant imaging with patient

<b>Patient Details</b>	
Name: _____ Date of Birth: _____ Address: _____ _____ _____ Postcode: _____ Landline/Mobile: _____ Email: _____  Preferred method of contact: Phone <input type="checkbox"/> Email <input type="checkbox"/>	<b>Funding</b>  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
<b>Referral Details</b>	
Type of examination required (please circle 2D or 3D):	<b>2D / 3D</b>
Start date of last menstrual period:	
Date of last mammogram (if any):	
Any previous breast surgery?	<b>Yes / No</b>
Does patient have breast implants?	<b>Yes / No</b>
Is patient on hormone treatment? If so, provide details:	<b>Yes / No</b>
Family history:	
Clinical Indication:	
<b>Please note examinations cannot be performed without sufficient clinical information</b>	
Justified by: _____ Radiographer: _____ Date: _____ Dose: _____ Medication / Contrast: _____ Additional Comments: _____ _____	<b>Present clinical findings (please mark lesions and site of tenderness etc.)</b>  
<b>Referring Clinician</b>	
Name: _____ Signature: _____ GMC No: _____ Date: _____ <b>IR(ME)R 2017 – ROC Private Clinic entitles General practitioners and hospital consultants as referrers for all X-ray examinations. Referrers must provide accurate patient demographics and clinical information. Referral criteria are described in the RCR booklet 'Making best use of clinical radiology services' (latest edition), available online as iRefer at: <a href="https://www.irefer.org.uk/guidelines">https://www.irefer.org.uk/guidelines</a></b>	Address: _____ _____ _____ Postcode: _____ Landline/Mobile: _____ Email: _____ Preferred method of contact: Phone <input type="checkbox"/> Email <input type="checkbox"/>

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