

Imaging Request Form Ultrasound

Peregrine Road, Westhill Business Park
Aberdeenshire AB32 6JL
Appointments Tel: 01224 515254
Email: imaging@rochealthservices.co



Appointments Tel: 01224 515254
Email: imaging@rochealthservices.com
Website: www.rocprivateclinic.com

Patient Details	Funding
Name:	Self-Funded UK Insurance Int. Insurance Int. Insurance 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	Previous Medical History
Region to be imaged:	Please provide details of any previous, relevant medical history including surgery:
	Please include any recent imaging reports.
Clinical Indication for Referral	
Safety Check	ROC Staff Use
Could the patient be pregnant? Is the patient breastfeeding? Is the patient a high infection risk? Yes / No If yes, please specify: Does the patient have any allergies? Yes / No If yes, please specify:	Justified by: Name: Signature: Date:
Referring Clinician	
	Clinician Contact Details
Name: Signature: Date: GMC Number SOR and BMUS guidelines require referrals to be signed by referring clinician. 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: https://www.irefer.org.uk/guidelines	Address: Postcode: Landline / Mobile: Email: Preferred method of contact: Phone Email