

ROC Clinic, Westhill Business Park, Peregrine Road, Aberdeen, AB32 6JL

TEL: 01224 515 254

E: aberdeen@rochealthservices.com

PATIENT INFORMATION

FIRST NAME		LAST NAME	
DATE OF BIRTH		GENDER (MALE / FEMALE)	M F
PHONE NUMBER		EMAIL	
PATIENT'S ADDRESS		FUNDING	SELF PAY INSURANCE CORPORATE ACC OTHER
		INSURANCE COMPANY	
		MEMBERSHIP NUMBER	
		Pre- authorisation number	

MAMMOGRAPHY

(Screening for women aged 40 and above.
For others, please refer to the One Stop Breast Clinic)

ULTRASOUND

X-Ray

ECHOCARDIOGRAM

Examination Area (For Ultrasound and X-Ray only,
please name the area Required to be Scanned/ X-Rayed):

Clinical Indication:
Including any relevant history and investigations

**Critical/Urgent Finding
Contact Information**

FOR X-RAY AND MAMMOGRAPHY

FOR MAMMOGRAPHY ONLY

Could the Patient be pregnant?

Yes

No

Does the patient have breast implants?

Yes

No

Is the patient breastfeeding?

Yes

No

Any previous breast surgery?

Yes

No

Type of examination required:

2D

3D

Is the patient on hormone treatment? If so, provide details:

NB: If yes to any of the details, please inform the Imaging Department before the examination

REFERRING CLINICIAN DETAILS – IR(ME)R 2017 – ROC Clinics UK 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: <https://www.irefer.org.uk/guidelines>

Name

Address

Signature (must be in ink)

Tel

GMC No:

Date

Email