

EXTERNAL X-RAY REQUEST FORM

We offer this service to other practitioners within our community who do not have their own X-ray facilities. Our service works as follows

- 1) You the practitioner contact us by completing this side of our form. The patient will be asked for a non-refundable payment of £75 per X-ray series needed to secure the appointment on booking. (by a series we mean a cervical series or a lumbar series for example)
- 2) We contact your patient directly to arrange an appointment and take payment for the X-ray to be taken asap.
- 3) We get our external consultant radiologist to produce a full report on the x-ray findings
- 4) We produce a disc containing X-ray images both in JPEG and DICOM formats along with the PDF X-ray report.
- 5) We contact you to arrange collection. This is usually within 7 days of the x-rays being taken.

Section 1 - Requesting practitioner's details

Name:	Telephone:
Postal Address:	Email:
Signature:	
Date:	
NOTE, BY SIGNING, YOU ARE 1) AGREEING TO THE TERMS OF OUR SERVICE ABOVE. 2) AGREEING THAT ALL THE INFORMATION YOU ARE PROVIDING IS TO THE BEST OF YOUR KNOWLEDGE COMPLETE, ACCURATE AND TRUE.	

Section 2 - Patients details

Full Name:	Sex: Male / Female
Date of Birth:	Daytime telephone number:
Postal Address:	

Section 3 – Medical information

History of chief complaint:
Other Pertinent History, Exam, Laboratory or Imaging Findings:
Working diagnosis:
X-Ray series Requested (e.g. Cervical which would be APOM, Lat, and AP Lower Cervical)
Justification for X-Rays according to IIR 17 regulations:

SIDE TWO - TO BE COMPLETED BY THE RADIOGRAPHER.

Section 1 – Radiographers details

Name:

Date exposures taken:

Section 2 – Clinical justification met by patient for x-rays to be taken

50+ Tra Neu UWL Art Mal Ste Pyr Sco Sur FTI

EBF IEP ELP DAA Other _____

Section 3 – X-Ray views actually being taken

APCx LatCx ObiCx APOM Shlr LatTh PATH ObiTh PALx LatLx

Other _____

Section 4 – Patient information and declaration

Name:

Date of Birth:

X-ray Computer number:

Declarations:

I the patient declare that I

- Have read the risks of radiation handout.
- Have had the following X-rays in the last 12 months _____ / NONE
- Am not pregnant or if I may be pregnant, I have had the risks of X-ray radiation in pregnancy explained to me, and the reason why an X-ray examination is necessary for my treatment, and I hereby give consent to be X-rayed as indicated above.

Patient Signature: _____ Date: _____