

HAREFIELD NUCLEAR MEDICINE REQUEST FORM

Harefield Hospital, Hill End Road, Harefield Middlesex, UB9 6JH

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For All Examinations Requiring A Radiation Exposure, The Ionising Radiation (Medical Exposure) Regulations [IR(ME)R] 2000 Require You To Complete All This Information Accurately And Legibly. INCOMPLETE FORMS WILL BE RETURNED.

Surname	Weight (kg)	
Forename	Date of OPA	
Date of Birth	Patient Availability	
Address	Status NHS PP OS	
	Sex M F	
	Is Patient Pregnant Y N	
	Infection Control Y N	
	Transport Y N	
	Chair Y N	
Trolley Y N		
Oxygen Y N		
Escort Y N		
Tel. No.	Referrer (Please Print)	
Hospital Number		Name
NHS Number		Status/Grade
Consultant (Please Print)		Bleep
Outpatient/Ward/Hospital		Signature
Clinical Information	Date	
	Clinical Question?	Scan Requested

Nuclear Medicine Department Use Only

IR(ME)R Practitioner	Date Received
Scan to be Performed	Appointment Date and Time
Additional Details	Additional Information
Priority Routine / Urgent / In-Patient	
Authorised By	
Date	