



**Easy Imaging Ltd
Plymouth Consultant Radiologists
Referral Form**

PATIENT DETAILS

Surname: First Name: Date of Birth:

Home Address:

Tel No (Daytime): Tel No (Evening):

PAYMENT DETAILS - (Please circle and give invoice details below if necessary)

Self Funding	BUPA	Insurance company	Solicitors	Other
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Invoice to be addressed to:

CLINICAL DETAILS

Suggested Examination:

Clinical Indications:

Provisional Diagnosis:

Please identify if the patient has any of the following:

Pacemaker: Yes / No	Electronically/magnetically operated implant devices: Yes / No
Aneurysm clips: Yes / No	On Warfarin Yes / No
History of Intraocular metallic Foreign Bodies: Yes / No	
Other: Yes / No	Please specify:.....
Walking: Yes / No	Wheelchair: Yes / No
Other disability?: Yes / No	Please specify:.....

Referrer's Signature: Date:

Name (please print):

Address to which results are to be sent:

A CD copy of the images for the patient and referrer is included in the cost of the examination
Additional Copy CD (extra charge) of images requested: Yes / No

Completed forms to be sent to Easy Imaging, Plymouth Consultant Radiologists, PO Box 231, Plymouth, PL6 8WY, faxed to 01752 763257 or emailed to enquires@easyimaging.co.uk (Tel: 01752 432200)