Yorkshire RADIOLOGY

Tel 01423 553715
Fax 01423 555360

Yorkshire Radiology
Harrogate District Hospital
Lancaster Park Rd
Harrogate
HG2 7SX

Secure online booking at **www.yorkshireradiology.com**

PATIENT DETAILS

NAME	**MAILING ADDRESS**
DATE OF BIRTH	
EMAIL	
TELEPHONE	
PROVIDER ☐ INSURED ☐ SELF PAY	**POLICY NUMBER**
	CLAIM / AUTHORISATION

REFERRAL DETAILS

IMAGING REQUEST

CLINICAL DETAILS (Please include relevant history and prior imaging details)

Intended for

REFERRER (Print Name)	**SIGNATURE**	**DATE**

RESULT TO ☐ PRINTED RESULT ☐ PATIENT COPY

DATE OF LMP (if radiation)	
CONTRAST STUDY	DIABETIC ☐ METFORMIN ☐ CREATININE eGFR Date of result:
MRI SAFETY	PACEMAKER ☐ IMPLANTED METALWORK ☐ *Please Specify*

IMAGING PROTOCOL (DEPARTMENTAL USE)

INITIALS