

[admin@heartlunghealth.com](mailto:admin@heartlunghealth.com)

**PATIENT DETAILS**

**REFERRERS DETAILS**

NHS Number:

Surname:

Forename:

Date of Birth:

Address:

Name:

Profession:

GMC or HPC No:

email address for report:

postal address for report:

email address:

Telephone number:

Telephone Number:

GP Name/address:

Date:

Modality:

Known Allergies:

Examination Requested:

Clinical Details:

**[Emailed referrals to the secure address: admin@heartlunghealth.com](mailto:admin@heartlunghealth.com)**

The Ionising Radiation (Medical Exposure) Regulations 2000 require you to complete this information accurately. Incomplete or illegible forms may be returned.

For Completion by Imaging Department Staff:			
Radiologist's protocol:			
Patient ID Check:		(Operator)	Date
Renal Function: EGFR	Creatinine		
Operator's Notes:	Contrast Administered:		
Kvp:			
mAs:			
Dose (cGycm <sup>2</sup> ):			
Screening Time:			
Operator(s) undertaking exposure:			