StandingCT

Caring | Innovative | Ethical

Imaging Referral Form

Patient Details		Appointment	
Surname		Date	
First Name		Time	
DOB		Self-Funding	Yes / No
Gender	M / F / O	Insurer	
Phone		Policy No.	
Email		Auth Code.	
Address			

Exam & Clinical Details

Accurate reporting relies on the provision of as much clinical information as possible. For lower extremities, both sides will be scanned for comparison unless a single stance study is specifically requested.

Weight bearing position	Standing	☐	Sitting	☐	Other(specify below)	☐
Laterality*	Left	☐	Right	☐	Bilateral	☐
Upper Extremity* scan	Elbow	☐	Wrist	☐	Hand	☐
Lower Extremity* scan	Hip ☐ Knee ☐ Ankle ☐ Foot ☐ Full Leg (No-Gap) ☐ Full Leg(Gapped) ☐					

*Unless otherwise requested, images will be orientated to the laterality and anatomy of interest

Further Clinical Details

Metal Artefact Reduction algorithm will be enabled unless specifically requested.

Female patients aged 12-55	
Could you be pregnant?	Yes / No
LMP Date	
Signed	
Date	

Note: *Examinations cannot be performed without relevant clinical information and referrer's signature (Ionising Radiation (Medical Exposure) Regulations 2017)*

Referring Clinician		Imaging department use only	
Name		Justified by	
Qualification			
Images to		Signature	
Report to			
Email			
Phone / Fax		Vehicle / Location	
Signature		Dose	
Date		Date	