



Radiology referral form

Referrals can only be accepted from a medical professional. Please complete this form clearly to help us process your referral promptly.

Kingsbridge Private Hospital Sligo
Ray MacSharry Road, Sligo, Co. Sligo, Ireland

Referring details									
First name:			Surname:				Male		Female
Address:							Postcode:		
Contact number:					Date of birth:				
Private Health Insurance:		Yes	No	Insurer name:					
Med card:	Yes	No	Other	If other, please specify:					

Examination required									
X-Ray:									
Area to be examined:									
Detailed clinical information:									
Previous imaging:		Yes	No	If yes, please provide details:					
Mobility (please tick):		Walking		Wheelchair		Trolley			

Referring details									
Referrer title: Dr / Mr / Ms			Referrer's name:				Surgery name:		
IMC no:					Contact no:		Fax:		
Address:						Date:			
Other professional reg no:						Signature:			

To be completed in the case of a non-GP referral									
GP name:					GP Surgery:				
GP address:					GP contact phone number:				
<input type="checkbox"/> Patient consents for reports to be issued to the patient's GP									

Patient safety									
Please note that certain radiology examinations in pregnancy may put the unborn infant at risk.									
Please indicate previous history of contrast reactions, allergies, medications, renal failures, liver disease, diabetes etc									

For all radiology examinations, please indicate LMP date:

Fax this form to Kingsbridge Private Hospital: **071-9190396**
 Email: sligo@kingsbridgeprivatehospital.com
 Call: **071-916 2649**
www.kingsbridgeprivatehospital.ie



Digital x-ray service is being delivered in conjunction with Affidea Ireland - a leading diagnostic image provider.

