Referral form - Bristol Medical Imaging Partners LLP

NOTE for SPIRE and NUFFIELD: The Clinician specifically requires that your patient is referred ONLY to one of our five Radiologists:
Dr Shoba Philip, Dr Paul McCoubrie, Dr Mark Thornton, Dr Ali Reza Vosough, Dr Douglas Kopcke

<table>
<tr>
<td rowspan="2">For the Referring Clinician to please complete and send to one of the hospitals below, as chosen by your patient:

Spire Hospital Bristol
The Glen, Redland Hill
Bristol BS6 6UT
Imaging Tel: 0117 980 4097
Fax: N/A, please email instead
spirebristoldiagnosticimaging@spirehealthcare.com

OR

Nuffield Health Bristol
3 Clifton Hill, Bristol BS8 1BN
Imaging Tel: 0117 906 4878
Fax: N/A, please email instead
bristol.radiology@nuffieldhealth.com</td>
<td>Patient’s name, date of birth, address

Patient’s Tel.

Patient’s email</td>
<td>Investigations required</td>
</tr>
<tr>
<td>Clinical information</td>
<td>Referring Clinician’s name

Address for report

Tel.

Clinician’s signature

Date</td>
</tr>
<tr>
<td>BRISTOL MEDICAL IMAGING</td>
<td>Justified by Bristol Medical Imaging Radiologist</td>
<td>Radiographer

Dose</td>
</tr>
<tr>
<td colspan="3">info@bristolmedicalimaging.com
If you need more hard copies of this form, please email us and we will post these to you, or download from our website
11-2024</td>
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