**Referral form - Bristol Medical Imaging Partners LLP info@bristolmedicalimaging.com**

**NOTE for SPIRE and NUFFIELD HOSPITALS: This form must be referred only to one of the BMIP radiologists listed below**

**Dr Shoba Philip, Dr Paul McCoubrie, Dr Mark Thornton, Dr Ali Reza Vosough, Dr Douglas Kopcke**

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| **For the referring doctor 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 205 1952Fax: 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@nuffield.com** | **Patient’s details: name, date of birth, address:****Patient’s Tel. Home:****Patient’s Tel. Mobile:** | **Investigation(s) required:** |
| **Clinical information:** | **Referring Clinician’s name:****Address** **for report:** **Tel:****Clinician’s signature:****Date:**  |
|  | **Justified by BMIP Radiologist:** | **Radiographer:****Dose:**  |
| If you need more hard copies of this referral form, please contact us at **info@bristolmedicalimaging.com** or download from our website. |