**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 1952  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@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. | | |