


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

<p>For the referring doctor to please complete and send to one of the hospitals below, as chosen by your patient:</p> <p>Spire Hospital Bristol The Glen, Redland Hill Bristol BS6 6UT</p> <p>Imaging Tel: 0117 205 1952 Fax: N/A, please email instead spirebristoldiagnosticimaging@spirehealthcare.com</p>	<p>Patient's details: name, date of birth, address:</p> <p>Patient's Tel. Home:</p> <p>Patient's Tel. Mobile:</p>	<p>Investigation(s) required:</p>
<p style="text-align: center;">OR</p> <p>Nuffield Health Bristol 3 Clifton Hill Bristol BS8 1BN</p> <p>Imaging Tel: 0117 906 4878 Fax: N/A, please email instead bristol.radiology@nuffield.com</p>	<p>Clinical information:</p> 	<p>Referring Clinician's name:</p> <p>Address for report:</p> <p>Tel:</p> <p>Clinician's signature:</p> <p>Date:</p>
<p>BRISTOL MEDICAL IMAGING </p>	<p>Justified by BMIP Radiologist:</p> 	<p>Radiographer:</p> <p>Dose:</p>

If you need more hard copies of this referral form, please contact us at info@bristolmedicalimaging.com or download from our website.