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 Mike Darby, Dr Paul McCoubrie, Dr Mark Thornton, Dr Ali Reza Vosough, Dr Douglas Kopcke

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

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