


# 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><b>Spire Hospital Bristol</b>                  The Glen, Redland Hill                  Bristol BS6 6UT</p> <p>Imaging Tel: 0117 980 4097                  Fax: N/A, please email instead:  <b>spirebristoldiagnosticimaging@spirehealthcare.com</b></p> <p style="text-align: center;"><b>OR</b></p> <p><b>Nuffield Health Bristol</b>                  3 Clifton Hill, Bristol BS8 1BN</p> <p>Imaging Tel: 0117 906 4878                  Fax: N/A, please email instead:  <b>bristol.radiology@nuffieldhealth.com</b></p>	<p><b>Patient's details: name, date of birth, address:</b></p>  <p><b>Patient's Tel. Home:</b></p> <p><b>Patient's Tel. Mobile:</b></p> <p><b>Clinical information:</b></p>	<p><b>Investigation(s) required:</b></p>     <p><b>Referring Clinician's name:</b></p> <p><b>Address for report:</b></p> <p><b>Tel:</b></p> <p><b>Clinician's signature:</b></p> <p><b>Date:</b></p>
<p><b>BRISTOL MEDICAL IMAGING</b> </p>	<p><b>Justified by BMIP Radiologist:</b></p>   	<p><b>Radiographer:</b></p>  <p><b>Dose:</b></p>

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