



# Radiology Request Form

**INCOMPLETE / ILLEGIBLE FORMS WILL BE RETURNED** In line with IRMER17/IRR17 regulations

Please ensure ALL fields are completed

## PATIENT DETAILS:

Name:

Date of Birth:

Gender: Male

Female

Address:

Tel Number:

\*Mobile Number:

\*Email:

Postcode:

Pregnancy status: Not Pregnant

Pregnant

\*patient consent to receive appointment reminder text message or email

(please specify which) Email  Text

## SERVICE SPECIFIC REFERRAL INFORMATION:

Priority: Routine:

Urgent:

**Examination Requested** including body area to be imaged and stress/dynamic projections:

Relevant Clinical Information: (as examination is protocol based, the quality of this information is important:

Current Working/Differential Diagnoses:

## REFERRING CLINICIAN:

Referrer Name:

Date of Referral:

Tel Number:

Referring Practice:

Practice Address:

Postcode:

(Authorised by signature of referring clinician):

## FOR YOUR INFORMATION

**Spriggs Chiropractic & Nutrition  
Ltd  
Suite 1, The Courtyard  
London Road  
Newbury  
RG14 1AX  
Tel No. 01635 432383  
Email:  
hello@spriggschiropractic.co.uk**

**As part of your referral for diagnostic imaging at Spriggs Chiropractic & Nutrition Ltd, it will be a requirement to fill out the necessary patient intake form and be subject to a physical examination. The patient intake form includes additional informed consent documentation and nature/history of your presenting complaint. It is a requirement of the IRMER17/IRR17 guidelines that this information be obtained, and a physical examination be performed by the practicing physician you will be seeing at your appointment. Consent for this examination and any following diagnostic imaging will be obtained at the appointment. Once you have provided written consent to diagnostic imaging and exposure to ionising radiation, this consent cannot be withdrawn following the procedure.**

**It is deemed by the IRMER17 and IRR17 guidelines that the final clinical decision regarding the justification of x-ray exposure is reserved for the practicing physician/Spriggs Chiropractic & Nutrition Ltd. If the x-ray is deemed unnecessary by the practicing physician, the charge for this appointment will not include any diagnostic imaging costs and no imaging will be obtained.**

**If it is deemed that this form is incorrectly or illegally filled out, the request for diagnostic imaging will be denied by Spriggs Chiropractic & Nutrition Ltd and the form will be returned to the referring clinician or destroyed by Spriggs Chiropractic & Nutrition Ltd. The charges for this appointment include; history of complaint, physical examination, patient friendly x-ray report, referring clinician friendly impressions report, copy of DICOM images on CD for both patient and referring clinician and a 20-minute follow-up phone call/Skype call with Dr Mark Spriggs DC (Doctor of Chiropractic) who will report on any/all such imaging at Spriggs Chiropractic Ltd.**