

Ultrasound self referral form

Please return this form to the Imaging department at Goring Hall Hospital or email it to: Radiology.Goring@circlehealthgroup.co.uk alternatively you can call **01903 427 375** for assistance

Patient information

Full name _____ Email _____
Date of birth _____ Sex at birth: F M Address _____
NHS number _____
Phone number _____

GP information

Name _____
Phone number _____
Email _____
Address _____

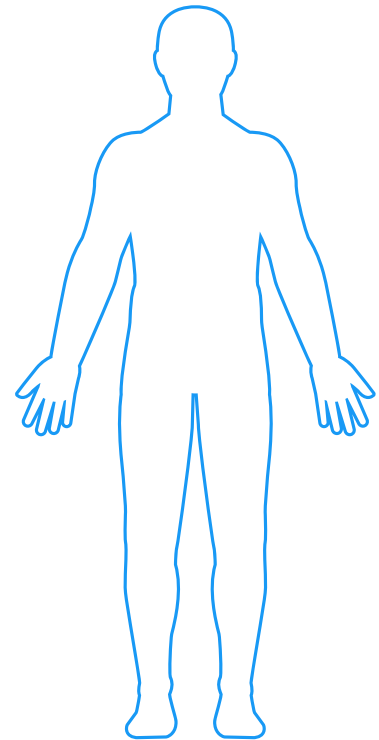
It is a requirement that we communicate results to your NHS GP in order that they can make recommendations about your future care.

By submitting this form you acknowledge and accept that:

- A copy of your report will be sent to your GP
- The radiologist will discuss his findings with you during the ultrasound scan.

Examination requested

Please select the area you wish to be scanned			
Abdominal Aorta Aneurysm Screening	£480	US0440	
Carotid Screening	£480	US0440	
Soft Tissue Lumps and Bumps Scan	£450	US0080	
Testes/Scrotum Scan	£450	US0090	
Groin Pain /Hernia Scan	£450	US0080	
Soft Tissue Neck	£450	US0197	
Thyroid	£450	US0100	



Please mark an X on this body map to show where you are experiencing symptoms

History

Have you had Ultrasound scanning before? If so, when?

Please briefly describe your symptoms:

Package details

Included in this package is:

- 30 min ultrasound appointment
- Radiologist report and discussion during appointment
- Report sent to both patient and NHS GP 24hrs after the scan
- **Package Price: £ 480**

Consent

By submitting this form you are consenting for the Imaging department to contact you in relation to this examination, booking, subsequent payment etc.

Signature _____

Date _____