

RADIOLOGY DEPARTMENT

FOR COMPLETION BY CLINICAL STAFF

Note – Images will be sent to other NHS organisations via electronic means where possible. CDs will only be burnt if the receiving organisation cannot receive images electronically.

REQUEST FOR IMAGE TRANSFER

(Complete details or add patient CRS label)

Patient details (all required for electronic image transfer)

Surname:..... Forename:.....

DOB: ___/___/_____ PMI..... NHS Number:.....

Address:..... Post code:

.....

Source (Clinical/ Ward):

Images to be transferred (with dates):

This section MUST be completed

Requester:..... Contact Details:.....
(Bleep number/ extension)

Images to be sent to :.....
(Trust/ Organisation name)

For the attention of:

(Receiving team/ secretary/ MDT co-ordinator, etc)

Date of time of request:

Signature of requester:

Please note although electronic image transfer can be carried out quickly it is not instantaneous and still takes time for the images to be transferred & then imported by the receiving organisation.

For Radiology use

Actioned by:

Date: