Blackrock Clinic Radiology Dept.
Tel. 2064367/2064370 • Fax: 2064368

Ref-Doctor

NAME

ADDRESS

LMP

HOSP. No. DOB:

ROOM No. CLINIC EXT

PORTABLE CHAIR

STRETCHER WALKING

PREVIOUS X-RAYS in BRC Yes No

REQUEST FOR RADIOLOGICAL CONSULTATION

See Attached Letter

INVESTIGATIONS REQUIRED

DATE

DR'S. SIGNATURE

FR 1501

RADIOLOGY USE ONLY

Rad Sig

C/O Sig

Doc Sig

No. of Films

RAD DOC