

Lewisham Private Imaging Service at
The Lewisham Hospital **NHS**
NHS Trust

University Hospital Lewisham
Lewisham High Street
London
SE13 6LH

SELF REFERRAL FOR PRIVATE ULTRASOUND

Hospital No.		Date of birth	
SURNAME		FIRST NAME(S)	
ADDRESS			
POSTCODE			
TELEPHONE No.			
<u>GP DETAILS</u>			
NAME			
ADDRESS			
TELEPHONE			
A copy of the report will be sent to my GP (Please tick if you agree to this) Failure to agree or provide correct GP details negates the Trust of any responsibility or liability for any injury, loss or damage incurred as a result of any use or reliance upon the report issued for the ultrasound examination.		YES	NO
The report will be saved to University Hospital Lewisham departmental computer system, are you happy for this to be done? N.B. the reason for this being that the result may be helpful to your future health care and will negate the need for you to carry the results with you. The results will only be made available to doctors/persons dealing with your medical care and will not be passed to any third party without obtaining prior consent.		YES	NO
I understand that the result of this test will be provided to me and a copy sent to my GP. It is my responsibility to seek further advice from my GP or a Clinician for any normal or abnormal findings.			
Signed		Date	

SHADED AREA FOR DEPT. USE ONLY

Area requested :
Reason for self referral :
Sonographer Name : Date of scan :

