

ROSCOMMON UNIVERSITY HOSPITAL
Diagnostic Imaging Request form

BOARD NO:
(Please fill if known)

Name:
Address:

IMPORTANT: Tick relevant box below

Date of LMP

If rule to be waived
Doctor to initial here

Telephone No:
Date of Birth:

Are you signed up to Healthlinks: Yes: No:
(please tick)

NB: Patients frequently ask how soon the report is available to GP.
Reports are updated on Healthlinks within 1 hour of being reported.

INVESTIGATION REQUIRED: _____

CLINICAL DETAILS: (PLEASE PRINT):

DOCTORS SIGNATURE: _____

NAME & ADDRESS OF REFERRING DOCTOR:
PLEASE USE PRACTICE STAMP (if available)

RADIOLOGY SERVICES AVAILABLE TO GPs

1. **WALK IN SERVICE FOR PLAIN FILMS** :
MONDAY – FRIDAY: 10.00 am – 12.00 noon & 2.00pm – 4.00 pm

THE FOLLOWING SERVICES ARE AVAILABLE BY APPOINTMENT

2. ULTRASOUND
3. CT: Non-contrast Brain & Sinuses referrals only.

Appointments are prioritised based on clinical need.