



Referral for Ultrasound Scanning

Telephone: 0161 503 6205

Email to: Referrals.harmonicsonography@nhs.net

ALL FIELDS ARE MANDATORY ANY FIELDS NOT COMPLETED MAY RESULT IN THE REFERRAL BEING DELAYED, RETURNED AND/OR REJECTED **GP PRACTICE CODE:** CCG: **Patient Details Referring Clinician Details** Name Name DOB **Address** Gender **Address** NHS No **Postcode** E-mail Telephone **Telephone** E-mail Mobile **PREVIOUS IMAGING SCANNING REQUEST:** ROUTINE URGENT ATTACHED ☐ Soft Tissue Abdomen ☐ Urinary Tracts ☐ Gynaecological Musculoskeletal Vascular ☐ Scrotum **Salivary Glands** ☐ Thyroid ☐ Abdominal Wall SPECIFY: **RIGHT** ☐ Groin ☐ Other Clinical information (include symptoms, history, medication and allergies): Special requirements: Mobility assistance Sensory impairment Translator required Language: Transport required (if eligible)? □ Diabetic Other requirements: _ Referrer's Signature: Date: Job Title: **Professional Registration Number:**



OUR LOCATIONS - Staffordshire

For up to date clinics visit: www.harmonicmedicalsonography.com

NHS Cannock Chase CCG	Hednesford Valley Health Centre 41 Station Rd, Hednesford Cannock WS12 4DH		
NHS South East Staffordshire	Greenhill Medical Centre Church St Lichfield WS13 6JL	Tamworth Health Centre Upper Gungate Tamworth Staffordshire B79 7EA	Stonydelph Health Center 55 Ellerbeck Wilnecote Tamworth B77 4JA
& Seisdon Peninsula CCG	Salters Meadow Health Centre Rugeley Road Chase Terrace Burntwood Staffordshire WS7 1AQ		