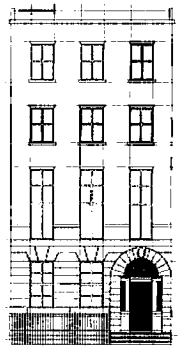


# ≡108≡ X-RAY



≡ 108 ≡  
**HARLEY  
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020-7563 1234

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E-MAIL  
xray@108  
harleyst.co.uk

WEB  
www.harley-  
street108.  
co.uk

Patient's Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Referring Doctor \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

Date \_\_\_\_\_

Insurance/Company \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXAMINATION(S)

CLINICAL INFORMATION & DETAILS OF OTHER/PREVIOUS X-RAY EXAMS

Doctor's signature

## PROCEDURE CODES

			Radiographer initials