**Protocol for requesting Radiological Examinations by named Nurses, Paramedics, Pharmacists, Physiotherapists and Podiatrists employed by General Practices and PCNs within the BNSSG area**

**Referrer Confirmation of Competence**

|  |  |
| --- | --- |
| Referrer name |  |
| Referrer Role |  |
| Referrer Email |  |
| Practice |  |
| PCN |  |
| Professional Registration Number |  |
| ICE training completed on (date) |  |
| IRMER training completed on (date) |  |
| Certificate number from IRMER training |  |

Confirmation that referrer has completed their training and is competent to refer

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name (Printed) | Signature | Date |
| Referrer |  |  |  |
| Line Manager |  |  |  |
| Avon LMC |  |  |  |

Confirmation that referrer has been entitled to refer

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Radiology Quality **OR** Operations Manager  |  |  |  |