

Non Medical Referrer; Change of Delegating Clinician

Name of previous Delegating Clinician:.....

Last Day in Post:.....

As the New Delegating Clinician (Dr) for(NMR) I confirm that:

In relation to the requesting of Ionising Radiation procedures:

(please tick the relevant boxes below)

There remains a clinical need in the NMRs role for referring patients for imaging

I have assessed that this NMR has the appropriate clinical assessment and decision making skills to be able to apply the principles of referring to their own area of practice and is working to approved clinical guidelines

I confirm the above applicant is competent to understand and act on the imaging report for the procedures requested **and hereby delegate responsibility for this action to the above named**. In the event of any query on an X-ray image or report findings, the advice of a Senior Clinician will be sought

OR

In exceptional circumstances another party retains overall responsibility for the patient and will remain responsible for acting on the report. **In such a scenario a SOP/Pathway must be provided with this Application**

Delegating Clinician Name and Designation (please print)	Signature:	Date:
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As the Departmental/ Practice Manager/ Service Lead I confirm that:

- There is a clinical need for the Applicant to request imaging and I therefore support this application
- I confirm that I am happy to receive and act on any urgent, significant or Unexpected finding reports that this referrer does not initially respond to

Name and Designation (please print)	Signature: Date:	Email for i-comm alerts:
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