Referral Form Minor Surgery Unit - Winterton Medical Practice

Patient Name	D.O.B	
Patient Address	NHS No	
	Contact Number	
Date of referral		
Referring GP		
GP Address		

Please tick which procedure that you are referring the patient for.

Na. Chandham	Duasa	d	Danwast	- d			Duine Francisco America
Mr Chaudhary	Procedure Requested			Prior Funding Approval			
Urologist							Provided with Referral
Circumcision							
Vasectomy							
Hydrocele Removal							
Additional Information:							
Mr Ahmad	Droco	duro	Requeste	nd .			
General Surgeon	FIOCE	uuie	Request	-u			
Inguinal Hernia Repair	Left		Right		Bilateral		
Umbilical Hernia Repair		ı	I.	ı			
PR Bleed Service	Procedure Requested						
Rigid Sigmoidoscopy							
							Prior Funding Approval
						Provided with Referral	
Excision Anal Skin tags							
Ligation of Haemorrhoid							
Additional Information:							
*Include any investigations							
already undertaken*							
Mr Shahid	Procedure Requested			Prior Funding Approval			
Orthopaedic Surgeon			quest				Provided with Referral
Carpal Tunnel Release	Left		Right		Bilateral		
*Please Include Nerve							
Conduction Studies*							
Removal of Ganglion							
(Please Specify location)							
Only Hand/Wrist/Foot/Knee		ı	1	ı			
Trigger Finger	Left		Right		Bilateral		
Dupuytren's Contracture	Left		Right		Bilateral		
Injection							
(Please specify location)							
Aspiration of Ganglion							
Additional Information:							

Referral Form

Minor Surgery Unit - Winterton Medical Practice

Minor Surgery	Procedure Requested	Prior Funding Approval
7	*Nothing on the face, Hands or	_ , ,
Removal of Cyst	rearing on the face, hands of	Trovided With Referral
Removal of Lipoma		
Removal of Mole		
Removal of Skin Tag		
Removal of Wart		
Other (Please Specify)		
Additional Information:		
(Please specify location)		
	Previous Medical Histor	у
Past history		
,		
Allergies		
Allergies		
Medication		
(Especially Anti-coagulants)		
	ant referrals for nationts that	weigh 140kg and less. We can only
	referrals for patients aged 19	
accept	referrals for patients aged 15	years or over.
Winterton Madi	cal Practice Manlake Avenue	Sountharna DN1E OTA
winterton wear	cal Practice, Manlake Avenue, 01724 734040	Scunthorpe, DN15 91A
	01724 734040	
DI -		A a state and
	ase send all completed forms	
<u>Cnariotte.N</u>	<u>larkham@nhs.net</u> or <u>Jessica.E</u>	<u>srooks5@nns.net</u> .
If any diversity F	DC	
if sending via E-	RS, please ensure that this for	m is usea/completea.
	FOR STAFF LISE ONLY	
	FOR STAFF USE ONLY	
1 O	Data Assessed	
Operating Doctor: (address sta	amp)	Date Assessed:
Operating Doctor: (address sta		
Operating Doctor: (address sta		Date Assessed: Date Operated:
Operating Doctor: (address sta		
Operating Doctor: (address sta		
Operating Doctor: (address sta		