

CPX BOOKING FORM

Referring Consultant Contact Details (include fax no. for report)

General Practitioner Contact Details

Anaesthetist Contact Details

Patient Name/Hospital ID _____

Patient Address / Hospital Ward and ext number if Inpatient

Patient Phone Number _____

Patient Date of Birth _____

Planned Operation _____

Planned Date of Admission _____

Known Hospital for Operation _____

Medical/Surgical History

Details of Recent Investigations (i.e. ECHO) _____

Medications (include chemotherapy) _____

Known Allergies _____

Does the Patient require an interpreter? _____

Method of Payment _____

Name/Contact Details of Person Completing Referral (please include ext number)



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20 Harley Street
London
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F 020 7636 9237
E info@cpx-online.co.uk

PLEASE FAX TO CPX NURSE CONSULTANT ON 0207 636 9237