

Referral to Mr Mark Gaston - Spire Murrayfield Hospital (Fri pm) / Spire Shawfair Park Hospital (Tue pm) (delete as appropriate)

Consultant Orthopaedic Surgeon

Secretary: Mrs L Digance Tel: 0131 6678587

REQUEST FOR ORTHOPAEDIC OUTPATIENT APPOINTMENT – FAX TO: 0131 316 2561 or post to:
Spire Edinburgh Hospitals, 122 Corstorphine Road, Edinburgh EH12 6UF

Please note this form is for private referrals only, if you wish to be referred to the NHS please contact your GP

General Practitioner DETAILS

Name:
Practice:
Address:
Phone:
Fax:

PATIENT DETAILS:

Surname:(Mr/Mrs/Ms/Miss) _____
Given Name: _____
(Previous name: _____)
DOB: ____/____/____ Sex: M / F
Address: _____

REFERRING Practitioner DETAILS – if not GP

Name:
Practice:
Address:
Phone:
Fax:

Parent / Guardian / Carer: _____
Phone: _____ Mob: _____
Email: _____
Self funding or Insured -----
Date of referral: ____/____/____

Provisional Diagnosis: _____

RELEVANT CLINICAL DETAILS: _____

RELEVANT PAST Hx. (include allergies, warnings etc):

MEDICATIONS (if applicable):

DOSE: _____

Practitioner's signature: _____ Date: ____/____/____

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