

## REFERRAL COVERSHEET

CONTOSO MED

## Please read the instructions carefully

Please use this coversheet when faxing a new referral, updating an existing (previously sent) referral or providing requested/missing information (e.g. results) to an existing referral. Faxes without a coversheet will be returned unactioned. Please fill this form in on a computer or use clear text.

Type of Referral  NEW REFERRAL: <input checked="" type="checkbox"/> UPDATE TO EXISTING: <input type="checkbox"/> PROVIDING REQUESTED/MISSING INFORMATION TO EXISTING REFERRAL: <input type="checkbox"/>	Referred-to Service Name: <i>Hospital on the corner</i> Location of Service (e.g. Example City): <i>Neverland City</i>
To/recipient (where applicable include named specialist if known):  <i>Doctor Dream</i>	Recipient Fax No: <i>07444 444</i> Number of pages (excluding coversheet): <i>2</i>
Patient First Name: <i>Peter Pan</i>	Patient Last Name: <i>Pan</i>
Patient DOB (dd/mm/yyyy): <i>01.01.01</i>	Patient Sex: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>
Patient Medical Number: <i>0123456789</i>	Referral ID (if provided, for updates/additional info to previously sent): <i>70005000</i>
Referrer First Name: <i>Captain</i>	Referrer Last Name: <i>Hook</i>
Referrer Provider Number: <i>9876543210</i>	Referrer Practice Name: <i>Doctor Dream</i>
Patients preferred and consented (from GP system) contact method – tick all that apply. We may text or leave voicemail where required:  SMS <input checked="" type="checkbox"/> Phone/voicemail <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/>	Patient mobile number: <i>04666 666</i> Patient home number: <i>07333 333</i> Patient email: <i>Peter.Pan@neverland.com</i>

Thank you for your cooperation in ensuring all fields of this document are filled out correctly. Please sign below.

## Referrer Signature:

*Captain Hook*

Above-mentioned referrer