

Here are 50 synthetic GP referral letters to a specialist elective orthopaedic clinic, following the specified GIRFT guidelines.

Referral 1

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. John Smith - Right Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. John Smith, a 68-year-old gentleman, regarding increasing pain and functional limitation in his right knee, consistent with osteoarthritis.

Mr. Smith has a medical history of well-controlled hypertension and type 2 diabetes.

He has undergone a comprehensive course of non-surgical management over the past 12 months, including regular simple analgesia (paracetamol and occasional ibuprofen), a structured physiotherapy programme focusing on strengthening and mobility, and advice on weight management. Despite these efforts, his symptoms persist.

Mr. Smith reports significant pain (typically 7/10 on the visual analogue scale) and stiffness in his right knee, particularly affecting activities of daily living such as walking short distances, climbing stairs, and getting out of a chair. This has severely impacted his quality of life, preventing him from participating in his usual social activities and gardening.

Mr. Smith understands the potential treatment options, including surgical intervention, and has confirmed that he would be happy to proceed with surgery if deemed necessary and appropriate following specialist assessment.

Weight-bearing X-rays of the right knee performed on 01/03/2025 confirm moderate tricompartmental osteoarthritis, with joint space narrowing, osteophyte formation, and subchondral sclerosis (standing AP, lateral, and skyline views enclosed).

He is currently optimising his diabetic control and blood pressure management with our practice nurse in preparation for potential surgery.

Thank you for seeing this gentleman.

Yours faithfully,

Dr. A. General Practitioner

[GP Practice Name]

Referral 2

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Sarah Brown - Left ACL Rupture

Dear Sir/Madam,

I am writing to refer Ms. Sarah Brown, a 25-year-old female, presenting with symptoms following a suspected left anterior cruciate ligament (ACL) rupture.

Ms. Brown has no significant past medical history.

The injury occurred approximately 3 months ago while playing football, involving a twisting mechanism. She experienced immediate pain, swelling, and inability to continue playing. Initial management included RICE (Rest, Ice, Compression, Elevation), simple analgesia, and referral for physiotherapy. Physiotherapy has focused on reducing swelling, restoring range of motion, and initial strengthening. Despite this, she continues to experience instability and giving way, particularly during pivoting movements.

Ms. Brown reports significant functional disability, being unable to return to her sport or confidently perform activities requiring quick changes in direction. This instability causes

her significant anxiety and impacts her ability to maintain her active lifestyle and social engagement with her team.

Ms. Brown is keen to regain full function and return to competitive sport. She understands that surgical reconstruction may be necessary and is happy to undergo this if recommended.

Recent MRI of the left knee (report dated 10/04/2025) confirms a complete rupture of the ACL. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 05/03/2025 enclosed).

She is continuing with pre-operative physiotherapy to improve muscle strength and knee function as much as possible prior to her appointment.

Thank you for your assessment.

Yours faithfully,

Dr. B. General Practitioner

[GP Practice Name]

Referral 3

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. David Green - Right Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. David Green, a 72-year-old gentleman, with worsening pain and stiffness in his right hip, consistent with osteoarthritis.

Mr. Green's medical history includes stable angina, managed medically.

He has engaged in non-surgical management for the past year, including regular paracetamol and co-codamol, a hip-specific exercise programme guided by physiotherapy, and the use of a walking stick for longer distances. These measures provide only temporary relief.

Mr. Green describes deep aching pain in his right groin and buttock, exacerbated by weight-bearing activities. He has significant difficulty with walking, standing for prolonged periods, and putting on shoes and socks. His mobility is severely restricted, impacting his independence and ability to carry out daily tasks around his home.

Mr. Green is finding his current level of pain and disability unacceptable and is keen to explore surgical options. He has confirmed his willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and right hip performed on 20/02/2025 show severe osteoarthritis of the right hip joint, with marked joint space narrowing, large osteophytes, and subchondral cysts (AP pelvis and lateral views enclosed).

He is currently undergoing a pre-operative assessment with the practice nurse to ensure his cardiac condition is optimally managed before any potential surgery.

Thank you for your expert opinion.

Yours faithfully,

Dr. C. General Practitioner

[GP Practice Name]

Referral 4

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Emily White - Left Medial Meniscus Tear

Dear Sir/Madam,

I am writing to refer Ms. Emily White, a 35-year-old female, with persistent symptoms suggestive of a left medial meniscus tear.

Ms. White has no significant past medical history.

Her symptoms began approximately 6 months ago following a squatting injury. She experienced sudden pain and a popping sensation. Initial management involved RICE (Rest, Ice, Compression, Elevation), simple analgesia, and physiotherapy. Physiotherapy has helped reduce swelling and improve general knee function, but she continues to experience localised medial joint line pain, intermittent clicking, and occasional catching.

Ms. White reports that her symptoms limit her ability to participate in recreational sports (running, yoga) and cause discomfort during prolonged standing or walking. The unpredictable catching episodes are particularly bothersome and affect her confidence during physical activity.

Ms. White is keen to resolve her symptoms and return to her previous activity levels. She understands that arthroscopic surgery may be required and is happy to proceed if recommended.

MRI of the left knee performed on 01/05/2025 demonstrates a horizontal tear of the posterior horn of the medial meniscus. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 10/04/2025 enclosed).

She is continuing with physiotherapy to maintain muscle strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. D. General Practitioner

[GP Practice Name]

Referral 5

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Robert Black - Bilateral Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Robert Black, a 75-year-old gentleman, with severe bilateral knee pain and functional limitation due to osteoarthritis.

Mr. Black has a medical history of chronic obstructive pulmonary disease (COPD), managed with inhalers.

He has undergone extensive non-surgical management for both knees over the past 18 months, including regular strong analgesia (tramadol), multiple courses of physiotherapy, hydrotherapy, and intra-articular corticosteroid injections (with limited, short-term benefit).

Mr. Black reports debilitating pain in both knees, making walking even short distances extremely difficult and painful. He requires two walking sticks for mobility and is largely housebound. His inability to mobilise is severely impacting his independence, social life, and overall quality of life.

Mr. Black is desperate for relief from his pain and significant improvement in his mobility. He understands that bilateral knee replacement surgery may be considered and is fully prepared and willing to undergo this if deemed appropriate.

Weight-bearing X-rays of both knees performed on 05/01/2025 show severe tricompartmental osteoarthritis in both knees (standing AP, lateral, and skyline views enclosed).

He is currently working with the respiratory team to optimise his COPD management and has been referred to the pre-operative assessment clinic for a comprehensive medical review.

Thank you for seeing this gentleman.

Yours faithfully,

Dr. E. General Practitioner

[GP Practice Name]

Referral 6

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Jessica Taylor - Right Hip Femoroacetabular Impingement (FAI)

Dear Sir/Madam,

I am writing to refer Ms. Jessica Taylor, a 30-year-old female, with persistent right hip pain suggestive of femoroacetabular impingement (FAI).

Ms. Taylor has no significant past medical history.

Her symptoms began approximately 9 months ago, insidious in onset, with anterior groin pain exacerbated by hip flexion and internal rotation. Non-surgical management has included a prolonged course of physiotherapy focusing on hip strengthening, mobility, and activity modification. She has also tried simple analgesia. These measures have provided only minimal relief.

Ms. Taylor reports significant pain during activities such as sitting for long periods, driving, squatting, and participating in her recreational sport (hockey). This pain limits her daily function and prevents her from fully engaging in her active lifestyle.

Ms. Taylor is keen to identify the cause of her pain and explore definitive treatment options. She understands that hip arthroscopy may be necessary and is happy to proceed if recommended.

Non-weight bearing X-rays of the pelvis and right hip performed on 10/03/2025 show features suggestive of cam-type FAI on the right (AP pelvis and lateral views enclosed). MRI

of the right hip (report dated 01/05/2025) confirms cam morphology and associated labral pathology.

She is continuing with a modified exercise programme to maintain hip strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. F. General Practitioner

[GP Practice Name]

Referral 7

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Chris Adams - Left Knee Meniscus Tear (Complex)

Dear Sir/Madam,

I am writing to refer Mr. Chris Adams, a 55-year-old gentleman, with ongoing mechanical symptoms in his left knee consistent with a complex meniscus tear.

Mr. Adams has a medical history of well-controlled hypercholesterolaemia.

His symptoms started approximately 8 months ago after a non-contact twisting injury. Initial management included RICE, analgesia, and physiotherapy. While physiotherapy has helped with general knee function, he continues to experience persistent pain, swelling, and recurrent locking episodes. The locking is particularly problematic and unpredictable.

Mr. Adams reports significant functional disability, being unable to walk distances without pain and experiencing frequent episodes of his knee locking, which causes him to stumble.

This severely limits his ability to work effectively (manual labour) and participate in recreational activities.

Mr. Adams is frustrated by the persistent mechanical symptoms and is keen to explore surgical options to address the locking and pain. He is happy to undergo arthroscopic surgery if recommended.

MRI of the left knee performed on 20/04/2025 demonstrates a complex tear involving both the medial and lateral menisci. Standing X-rays of the left knee performed on 01/03/2025 show mild degenerative changes but no significant osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is continuing with physiotherapy to manage swelling and maintain muscle tone.

Thank you for your expert opinion.

Yours faithfully,

Dr. G. General Practitioner

[GP Practice Name]

Referral 8

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Laura Baker - Right Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Laura Baker, a 65-year-old female, with increasing pain and functional limitation in her right hip due to osteoarthritis.

Ms. Baker has a medical history of osteoporosis, managed with medication.

She has undergone non-surgical management for the past year, including regular paracetamol and NSAIDs (diclofenac), a structured exercise programme, and advice on pacing activities. These measures provide only partial relief.

Ms. Baker reports significant pain in her right hip, particularly in the groin, making walking, standing, and getting in and out of a car difficult. This impacts her ability to go shopping and visit friends, leading to social isolation.

Ms. Baker is finding her current level of pain and disability significantly impacting her quality of life and is keen to discuss surgical options. She has confirmed her willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and right hip performed on 15/02/2025 show moderate to severe osteoarthritis of the right hip joint (AP pelvis and lateral views enclosed).

She is compliant with her osteoporosis treatment, which is being monitored by the practice nurse.

Thank you for your expert opinion.

Yours faithfully,

Dr. H. General Practitioner

[GP Practice Name]

Referral 9

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. James Carter - Left Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. James Carter, a 62-year-old gentleman, with progressive pain and functional limitation in his left knee due to osteoarthritis.

Mr. Carter has a medical history of well-controlled asthma.

He has engaged in non-surgical management for the past 15 months, including regular simple analgesia, a comprehensive physiotherapy programme, and the use of a knee brace for support during activities. These measures provide some relief but his symptoms are worsening.

Mr. Carter reports significant pain and stiffness in his left knee, particularly affecting his ability to walk distances, use stairs, and stand for prolonged periods. This impacts his ability to participate in his hobbies (walking, golf) and is affecting his mood.

Mr. Carter is finding his current level of disability unacceptable and is keen to explore surgical options. He has confirmed his willingness to undergo knee replacement surgery if deemed necessary.

Weight-bearing X-rays of the left knee performed on 20/03/2025 show moderate medial compartment osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is managing his asthma well and is generally fit for his age.

Thank you for seeing this gentleman.

Yours faithfully,

Dr. I. General Practitioner

[GP Practice Name]

Referral 10

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Olivia Davis - Right Hip Femoroacetabular Impingement (FAI)

Dear Sir/Madam,

I am writing to refer Ms. Olivia Davis, a 28-year-old female, with persistent right hip pain suggestive of femoroacetabular impingement (FAI).

Ms. Davis has no significant past medical history.

Her symptoms began approximately 1 year ago, with anterior groin pain exacerbated by hip flexion and internal rotation. Non-surgical management has included physiotherapy focusing on hip strengthening, mobility, and activity modification, as well as simple analgesia. These measures have provided limited relief.

Ms. Davis reports significant pain during activities such as prolonged sitting, squatting, and during her recreational sport (running). This pain limits her daily function and prevents her from training effectively.

Ms. Davis is keen to find a solution to her pain and return to her previous level of activity. She understands that hip arthroscopy may be necessary and is happy to proceed if recommended.

Non-weight bearing X-rays of the pelvis and right hip performed on 01/04/2025 show features suggestive of pincer-type FAI on the right (AP pelvis and lateral views enclosed). MRI of the right hip (report dated 10/05/2025) confirms pincer morphology and associated labral pathology.

She is continuing with a modified exercise programme.

Thank you for your assessment.

Yours faithfully,

Dr. J. General Practitioner

[GP Practice Name]

Referral 11

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. William Evans - Right Knee ACL Rupture

Dear Sir/Madam,

I am writing to refer Mr. William Evans, a 30-year-old male, presenting with symptoms following a suspected right anterior cruciate ligament (ACL) rupture.

Mr. Evans has no significant past medical history.

The injury occurred approximately 4 months ago while playing rugby, involving a hyperextension mechanism. He experienced immediate pain, swelling, and instability. Initial management included RICE, analgesia, and physiotherapy. Physiotherapy has focused on reducing swelling and restoring range of motion. Despite this, he continues to experience significant instability and giving way, particularly during twisting movements and when attempting to return to running.

Mr. Evans reports significant functional disability, being unable to return to his sport or confidently perform activities requiring sudden stops or changes in direction. This instability causes him significant anxiety and impacts his active lifestyle.

Mr. Evans is keen to regain full function and return to competitive sport. He understands that surgical reconstruction may be necessary and is happy to undergo this if recommended.

Recent MRI of the right knee (report dated 01/05/2025) confirms a complete rupture of the ACL. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 10/04/2025 enclosed).

He is continuing with pre-operative physiotherapy to improve muscle strength and knee function.

Thank you for your assessment.

Yours faithfully,

Dr. K. General Practitioner

[GP Practice Name]

Referral 12

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Sophia Foster - Left Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Sophia Foster, a 68-year-old female, with worsening pain and stiffness in her left hip, consistent with osteoarthritis.

Ms. Foster has a medical history of well-controlled hypothyroidism.

She has engaged in non-surgical management for the past year, including regular paracetamol and occasional NSAIDs, a hip-specific exercise programme guided by physiotherapy, and the use of a walking stick for longer distances. These measures provide only temporary relief.

Ms. Foster describes deep aching pain in her left groin and buttock, exacerbated by weight-bearing activities. She has significant difficulty with walking, standing for prolonged periods, and daily tasks such as getting dressed. Her mobility is restricted, impacting her independence and ability to visit family and friends.

Ms. Foster is finding her current level of pain and disability unacceptable and is keen to explore surgical options. She has confirmed her willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and left hip performed on 25/02/2025 show moderate to severe osteoarthritis of the left hip joint (AP pelvis and lateral views enclosed).

She is compliant with her hypothyroidism medication and is generally fit for surgery.

Thank you for your expert opinion.

Yours faithfully,

Dr. L. General Practitioner

[GP Practice Name]

Referral 13

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. George Hall - Right Knee Meniscus Tear

Dear Sir/Madam,

I am writing to refer Mr. George Hall, a 45-year-old gentleman, with persistent mechanical symptoms in his right knee suggestive of a meniscus tear.

Mr. Hall has no significant past medical history.

His symptoms began approximately 7 months ago after a twisting injury while gardening. He experienced sudden pain and swelling. Initial management involved RICE, analgesia, and physiotherapy. While physiotherapy has helped with general knee function, he continues to experience localised pain, intermittent clicking, and occasional giving way.

Mr. Hall reports that his symptoms limit his ability to participate in recreational activities (cycling, walking) and cause discomfort during prolonged standing or kneeling. The unpredictable giving way episodes are concerning and affect his confidence during physical activity.

Mr. Hall is keen to resolve his symptoms and return to his previous activity levels. He understands that arthroscopic surgery may be required and is happy to proceed if recommended.

MRI of the right knee performed on 25/04/2025 demonstrates a tear of the medial meniscus. Standing X-rays of the right knee performed on 05/03/2025 show no significant osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is continuing with physiotherapy to maintain muscle strength.

Thank you for your assessment.

Yours faithfully,

Dr. M. General Practitioner

[GP Practice Name]

Referral 14

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Hannah Ives - Left Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Hannah Ives, a 70-year-old female, with increasing pain and functional limitation in her left knee due to osteoarthritis.

Ms. Ives has a medical history of well-controlled type 2 diabetes.

She has undergone non-surgical management for the past year, including regular simple analgesia, a structured physiotherapy programme, and the use of a walking stick for support. These measures provide some relief but her symptoms are worsening.

Ms. Ives reports significant pain and stiffness in her left knee, particularly affecting her ability to walk distances, use stairs, and stand for prolonged periods. This impacts her ability to visit family and friends and participate in social activities.

Ms. Ives is finding her current level of disability significantly impacting her quality of life and is keen to explore surgical options. She has confirmed her willingness to undergo knee replacement surgery if deemed necessary.

Weight-bearing X-rays of the left knee performed on 01/03/2025 show moderate medial and patellofemoral compartment osteoarthritis (standing AP, lateral, and skyline views enclosed).

She is managing her diabetes well with diet and medication.

Thank you for seeing this lady.

Yours faithfully,

Dr. N. General Practitioner

[GP Practice Name]

Referral 15

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Ian Jones - Right Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Ian Jones, a 60-year-old gentleman, with progressive pain and stiffness in his right hip, consistent with osteoarthritis.

Mr. Jones has no significant past medical history.

He has engaged in non-surgical management for the past 18 months, including regular paracetamol and occasional NSAIDs, a hip-specific exercise programme, and activity modification. These measures provide only limited relief.

Mr. Jones describes deep aching pain in his right groin and lateral hip, exacerbated by weight-bearing activities and sitting for long periods. He has difficulty with walking, getting in and out of a car, and sleeping due to pain. This impacts his ability to work effectively (office-based) and participate in recreational activities.

Mr. Jones is finding his current level of pain and disability significantly impacting his quality of life and is keen to discuss surgical options. He has confirmed his willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and right hip performed on 10/02/2025 show moderate osteoarthritis of the right hip joint (AP pelvis and lateral views enclosed).

He is generally fit and well.

Thank you for your expert opinion.

Yours faithfully,

Dr. O. General Practitioner

[GP Practice Name]

Referral 16

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Karen King - Right Knee Medial Meniscus Tear

Dear Sir/Madam,

I am writing to refer Ms. Karen King, a 22-year-old female, with persistent symptoms suggestive of a right medial meniscus tear.

Ms. King has no significant past medical history.

Her symptoms began approximately 4 months ago following a squatting injury during exercise. She experienced sudden pain and a popping sensation. Initial management involved RICE, analgesia, and physiotherapy. Physiotherapy has helped reduce swelling and improve general knee function, but she continues to experience localised medial joint line pain, intermittent clicking, and occasional catching.

Ms. King reports that her symptoms limit her ability to participate in her recreational sport (gymnastics) and cause discomfort during prolonged standing or walking. The unpredictable catching episodes are particularly bothersome and affect her confidence during physical activity.

Ms. King is keen to resolve her symptoms and return to her previous activity levels. She understands that arthroscopic surgery may be required and is happy to proceed if recommended.

MRI of the right knee performed on 01/05/2025 demonstrates a tear of the medial meniscus. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 10/04/2025 enclosed).

She is continuing with physiotherapy to maintain muscle strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. P. General Practitioner

[GP Practice Name]

Referral 17

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Leo Lee - Left Hip Femoroacetabular Impingement (FAI)

Dear Sir/Madam,

I am writing to refer Mr. Leo Lee, a 32-year-old male, with persistent left hip pain suggestive of femoroacetabular impingement (FAI).

Mr. Lee has no significant past medical history.

His symptoms began approximately 10 months ago, insidious in onset, with anterior groin pain exacerbated by hip flexion and internal rotation. Non-surgical management has included a prolonged course of physiotherapy focusing on hip strengthening, mobility, and activity modification. He has also tried simple analgesia. These measures have provided only minimal relief.

Mr. Lee reports significant pain during activities such as sitting for long periods, driving, squatting, and participating in his recreational sport (football). This pain limits his daily function and prevents him from training effectively.

Mr. Lee is keen to identify the cause of his pain and explore definitive treatment options. He understands that hip arthroscopy may be necessary and is happy to proceed if recommended.

Non-weight bearing X-rays of the pelvis and left hip performed on 15/03/2025 show features suggestive of cam-type FAI on the left (AP pelvis and lateral views enclosed). MRI of the left hip (report dated 05/05/2025) confirms cam morphology and associated labral pathology.

He is continuing with a modified exercise programme to maintain hip strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. Q. General Practitioner

[GP Practice Name]

Referral 18

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Mia Moore - Right Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Mia Moore, a 60-year-old female, with increasing pain and functional limitation in her right knee, consistent with osteoarthritis.

Ms. Moore has a medical history of well-controlled anxiety.

She has undergone a comprehensive course of non-surgical management over the past 14 months, including regular simple analgesia, a structured physiotherapy programme focusing on strengthening and mobility, and advice on weight management. Despite these efforts, her symptoms persist.

Ms. Moore reports significant pain and stiffness in her right knee, particularly affecting activities of daily living such as walking short distances, climbing stairs, and getting out of a chair. This has severely impacted her quality of life, preventing her from participating in her usual social activities and walking her dog.

Ms. Moore understands the potential treatment options, including surgical intervention, and has confirmed that she would be happy to proceed with surgery if deemed necessary and appropriate following specialist assessment.

Weight-bearing X-rays of the right knee performed on 10/03/2025 confirm moderate medial compartment osteoarthritis (standing AP, lateral, and skyline views enclosed).

She is managing her anxiety well and is generally fit.

Thank you for seeing this lady.

Yours faithfully,

Dr. R. General Practitioner

[GP Practice Name]

Referral 19

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Noah Nelson - Left Knee ACL Rupture

Dear Sir/Madam,

I am writing to refer Mr. Noah Nelson, a 28-year-old male, presenting with symptoms following a suspected left anterior cruciate ligament (ACL) rupture.

Mr. Nelson has no significant past medical history.

The injury occurred approximately 2 months ago while playing basketball, involving a landing mechanism. He experienced immediate pain, swelling, and inability to continue playing. Initial management included RICE, analgesia, and referral for physiotherapy. Physiotherapy has focused on reducing swelling, restoring range of motion, and initial strengthening. Despite this, he continues to experience instability and giving way, particularly during pivoting movements.

Mr. Nelson reports significant functional disability, being unable to return to his sport or confidently perform activities requiring quick changes in direction. This instability causes him significant anxiety and impacts his ability to maintain his active lifestyle.

Mr. Nelson is keen to regain full function and return to competitive sport. He understands that surgical reconstruction may be necessary and is happy to undergo this if recommended.

Recent MRI of the left knee (report dated 01/05/2025) confirms a complete rupture of the ACL. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 10/04/2025 enclosed).

He is continuing with pre-operative physiotherapy to improve muscle strength and knee function.

Thank you for your assessment.

Yours faithfully,

Dr. S. General Practitioner

[GP Practice Name]

Referral 20

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Chloe Owens - Right Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Chloe Owens, a 78-year-old female, with worsening pain and stiffness in her right hip, consistent with osteoarthritis.

Ms. Owens has a medical history of atrial fibrillation, managed with medication.

She has engaged in non-surgical management for the past 15 months, including regular paracetamol and occasional co-codamol, a hip-specific exercise programme guided by physiotherapy, and the use of a walking frame for mobility. These measures provide only temporary relief.

Ms. Owens describes deep aching pain in her right groin and buttock, exacerbated by weight-bearing activities. She has significant difficulty with walking, standing for prolonged periods, and transferring from sitting to standing. Her mobility is severely restricted, impacting her independence and ability to manage at home.

Ms. Owens is finding her current level of pain and disability unacceptable and is keen to explore surgical options. She has confirmed her willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and right hip performed on 20/02/2025 show severe osteoarthritis of the right hip joint (AP pelvis and lateral views enclosed).

She is currently undergoing a pre-operative assessment with the practice nurse and has had an ECG to ensure her cardiac condition is optimally managed before any potential surgery.

Thank you for your expert opinion.

Yours faithfully,

Dr. T. General Practitioner

[GP Practice Name]

Referral 21

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Paul Phillips - Left Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Paul Phillips, a 71-year-old gentleman, with increasing pain and functional limitation in his left knee, consistent with osteoarthritis.

Mr. Phillips has a medical history of well-controlled hypertension.

He has undergone non-surgical management for the past 12 months, including regular simple analgesia (paracetamol), a structured physiotherapy programme focusing on mobility, and advice on weight management. Despite these efforts, his symptoms persist.

Mr. Phillips reports significant pain and stiffness in his left knee, particularly affecting activities of daily living such as walking short distances, descending stairs, and kneeling.

This has severely impacted his quality of life, preventing him from participating in his usual social activities and playing with his grandchildren.

Mr. Phillips understands the potential treatment options, including surgical intervention, and has confirmed that he would be happy to proceed with surgery if deemed necessary and appropriate following specialist assessment.

Weight-bearing X-rays of the left knee performed on 01/04/2025 confirm moderate medial and patellofemoral compartment osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is currently optimising his blood pressure management with our practice nurse in preparation for potential surgery.

Thank you for seeing this gentleman.

Yours faithfully,

Dr. U. General Practitioner

[GP Practice Name]

Referral 22

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Quinn Roberts - Right ACL Rupture

Dear Sir/Madam,

I am writing to refer Ms. Quinn Roberts, a 28-year-old female, presenting with symptoms following a suspected right anterior cruciate ligament (ACL) rupture.

Ms. Roberts has no significant past medical history.

The injury occurred approximately 3 months ago while skiing, involving a twisting fall. She experienced immediate pain, swelling, and inability to bear weight. Initial management included RICE, analgesia, and referral for physiotherapy. Physiotherapy has focused on reducing swelling and restoring range of motion. Despite this, she continues to experience instability and giving way, particularly during pivoting and cutting movements.

Ms. Roberts reports significant functional disability, being unable to return to her sport or confidently perform activities requiring quick changes in direction. This instability causes her significant anxiety and impacts her ability to maintain her active lifestyle.

Ms. Roberts is keen to regain full function and return to competitive sport. She understands that surgical reconstruction may be necessary and is happy to undergo this if recommended.

Recent MRI of the right knee (report dated 10/05/2025) confirms a complete rupture of the ACL. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 05/04/2025 enclosed).

She is continuing with pre-operative physiotherapy to improve muscle strength and knee function.

Thank you for your assessment.

Yours faithfully,

Dr. V. General Practitioner

[GP Practice Name]

Referral 23

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Ryan Scott - Left Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Ryan Scott, a 74-year-old gentleman, with worsening pain and stiffness in his left hip, consistent with osteoarthritis.

Mr. Scott's medical history includes well-controlled type 2 diabetes.

He has engaged in non-surgical management for the past year, including regular paracetamol and occasional co-codamol, a hip-specific exercise programme guided by physiotherapy, and the use of a walking stick. These measures provide only temporary relief.

Mr. Scott describes deep aching pain in his left groin and buttock, exacerbated by weight-bearing activities. He has significant difficulty with walking, standing for prolonged periods, and getting in and out of a chair. His mobility is restricted, impacting his independence and ability to carry out daily tasks.

Mr. Scott is finding his current level of pain and disability unacceptable and is keen to explore surgical options. He has confirmed his willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and left hip performed on 20/03/2025 show severe osteoarthritis of the left hip joint (AP pelvis and lateral views enclosed).

He is currently optimising his diabetic control with our practice nurse in preparation for potential surgery.

Thank you for your expert opinion.

Yours faithfully,

Dr. W. General Practitioner

[GP Practice Name]

Referral 24

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Sophie Turner - Right Lateral Meniscus Tear

Dear Sir/Madam,

I am writing to refer Ms. Sophie Turner, a 38-year-old female, with persistent symptoms suggestive of a right lateral meniscus tear.

Ms. Turner has no significant past medical history.

Her symptoms began approximately 5 months ago following a twisting injury during a dance class. She experienced sudden pain and swelling. Initial management involved RICE, analgesia, and physiotherapy. While physiotherapy has helped with general knee function, she continues to experience localised lateral joint line pain, intermittent clicking, and occasional giving way.

Ms. Turner reports that her symptoms limit her ability to participate in recreational activities (dance, hiking) and cause discomfort during prolonged standing or walking on uneven ground. The unpredictable giving way episodes are particularly bothersome and affect her confidence during physical activity.

Ms. Turner is keen to resolve her symptoms and return to her previous activity levels. She understands that arthroscopic surgery may be required and is happy to proceed if recommended.

MRI of the right knee performed on 01/05/2025 demonstrates a tear of the lateral meniscus. Standing X-rays of the right knee performed on 10/04/2025 show no significant osteoarthritis (standing AP, lateral, and skyline views enclosed).

She is continuing with physiotherapy to maintain muscle strength.

Thank you for your assessment.

Yours faithfully,

Dr. X. General Practitioner

[GP Practice Name]

Referral 25

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Thomas Underwood - Bilateral Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Thomas Underwood, a 78-year-old gentleman, with severe bilateral hip pain and functional limitation due to osteoarthritis.

Mr. Underwood has a medical history of atrial fibrillation, managed medically.

He has undergone extensive non-surgical management for both hips over the past 18 months, including regular strong analgesia (oxycodone), multiple courses of physiotherapy, and the use of a walking frame for mobility. These measures provide only limited, short-term benefit.

Mr. Underwood reports debilitating pain in both hips, making walking even short distances extremely difficult and painful. He is largely housebound and requires significant assistance with daily tasks. His inability to mobilise is severely impacting his independence and overall quality of life.

Mr. Underwood is desperate for relief from his pain and significant improvement in his mobility. He understands that bilateral hip replacement surgery may be considered and is fully prepared and willing to undergo this if deemed appropriate.

Non-weight bearing X-rays of the pelvis and both hips performed on 05/01/2025 show severe osteoarthritis in both hip joints (AP pelvis and lateral views enclosed).

He is currently working with the cardiology team to optimise his atrial fibrillation management and has been referred to the pre-operative assessment clinic for a comprehensive medical review.

Thank you for seeing this gentleman.

Yours faithfully,

Dr. Y. General Practitioner

[GP Practice Name]

Referral 26

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Victoria Vance - Left Hip Femoroacetabular Impingement (FAI)

Dear Sir/Madam,

I am writing to refer Ms. Victoria Vance, a 33-year-old female, with persistent left hip pain suggestive of femoroacetabular impingement (FAI).

Ms. Vance has no significant past medical history.

Her symptoms began approximately 1 year ago, insidious in onset, with anterior groin pain exacerbated by hip flexion and internal rotation. Non-surgical management has included a prolonged course of physiotherapy focusing on hip strengthening, mobility, and activity modification. She has also tried simple analgesia. These measures have provided only minimal relief.

Ms. Vance reports significant pain during activities such as sitting for long periods, driving, squatting, and participating in her recreational sport (tennis). This pain limits her daily function and prevents her from fully engaging in her active lifestyle.

Ms. Vance is keen to identify the cause of her pain and explore definitive treatment options. She understands that hip arthroscopy may be necessary and is happy to proceed if recommended.

Non-weight bearing X-rays of the pelvis and left hip performed on 10/03/2025 show features suggestive of pincer-type FAI on the left (AP pelvis and lateral views enclosed). MRI of the left hip (report dated 01/05/2025) confirms pincer morphology and associated labral pathology.

She is continuing with a modified exercise programme to maintain hip strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. Z. General Practitioner

[GP Practice Name]

Referral 27

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Adam Walker - Left Knee Meniscus Tear

Dear Sir/Madam,

I am writing to refer Mr. Adam Walker, a 48-year-old gentleman, with persistent mechanical symptoms in his left knee suggestive of a meniscus tear.

Mr. Walker has a medical history of well-controlled hypertension.

His symptoms began approximately 9 months ago after a twisting injury while playing football. He experienced sudden pain and swelling. Initial management involved RICE, analgesia, and physiotherapy. While physiotherapy has helped with general knee function, he continues to experience localised pain, intermittent clicking, and occasional giving way.

Mr. Walker reports that his symptoms limit his ability to participate in recreational activities (football, running) and cause discomfort during prolonged standing or walking on uneven ground. The unpredictable giving way episodes are concerning and affect his confidence during physical activity.

Mr. Walker is keen to resolve his symptoms and return to his previous activity levels. He understands that arthroscopic surgery may be required and is happy to proceed if recommended.

MRI of the left knee performed on 20/04/2025 demonstrates a tear of the lateral meniscus. Standing X-rays of the left knee performed on 01/03/2025 show no significant osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is continuing with physiotherapy to maintain muscle strength.

Thank you for your assessment.

Yours faithfully,

Dr. AA. General Practitioner

[GP Practice Name]

Referral 28

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Beth Young - Right Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Beth Young, a 73-year-old female, with increasing pain and functional limitation in her right knee due to osteoarthritis.

Ms. Young has a medical history of well-controlled asthma.

She has undergone non-surgical management for the past 15 months, including regular simple analgesia, a structured physiotherapy programme, and the use of a walking stick for support. These measures provide some relief but her symptoms are worsening.

Ms. Young reports significant pain and stiffness in her right knee, particularly affecting her ability to walk distances, use stairs, and stand for prolonged periods. This impacts her ability to visit family and friends and participate in social activities.

Ms. Young is finding her current level of disability significantly impacting her quality of life and is keen to explore surgical options. She has confirmed her willingness to undergo knee replacement surgery if deemed necessary.

Weight-bearing X-rays of the right knee performed on 01/03/2025 show moderate medial and patellofemoral compartment osteoarthritis (standing AP, lateral, and skyline views enclosed).

She is managing her asthma well.

Thank you for seeing this lady.

Yours faithfully,

Dr. BB. General Practitioner

[GP Practice Name]

Referral 29

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Charles Zane - Right Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Charles Zane, a 63-year-old gentleman, with progressive pain and stiffness in his right hip, consistent with osteoarthritis.

Mr. Zane has a medical history of well-controlled hypercholesterolaemia.

He has engaged in non-surgical management for the past 18 months, including regular paracetamol and occasional NSAIDs, a hip-specific exercise programme, and activity modification. These measures provide only limited relief.

Mr. Zane describes deep aching pain in his right groin and lateral hip, exacerbated by weight-bearing activities and sitting for long periods. He has difficulty with walking, getting in and out of a car, and sleeping due to pain. This impacts his ability to work effectively and participate in recreational activities.

Mr. Zane is finding his current level of pain and disability significantly impacting his quality of life and is keen to discuss surgical options. He has confirmed his willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and right hip performed on 10/02/2025 show moderate osteoarthritis of the right hip joint (AP pelvis and lateral views enclosed).

He is generally fit and well.

Thank you for your expert opinion.

Yours faithfully,

Dr. CC. General Practitioner

[GP Practice Name]

Referral 30

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Diana Adams - Left Knee Medial Meniscus Tear

Dear Sir/Madam,

I am writing to refer Ms. Diana Adams, a 25-year-old female, with persistent symptoms suggestive of a left medial meniscus tear.

Ms. Adams has no significant past medical history.

Her symptoms began approximately 5 months ago following a twisting injury during a sports activity. She experienced sudden pain and a popping sensation. Initial management involved RICE, analgesia, and physiotherapy. Physiotherapy has helped reduce swelling and improve general knee function, but she continues to experience localised medial joint line pain, intermittent clicking, and occasional catching.

Ms. Adams reports that her symptoms limit her ability to participate in her recreational sport (running) and cause discomfort during prolonged standing or walking. The unpredictable catching episodes are particularly bothersome and affect her confidence during physical activity.

Ms. Adams is keen to resolve her symptoms and return to her previous activity levels. She understands that arthroscopic surgery may be required and is happy to proceed if recommended.

MRI of the left knee performed on 01/05/2025 demonstrates a tear of the medial meniscus. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 10/04/2025 enclosed).

She is continuing with physiotherapy to maintain muscle strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. DD. General Practitioner

[GP Practice Name]

Referral 31

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Ethan Baker - Right Hip Femoroacetabular Impingement (FAI)

Dear Sir/Madam,

I am writing to refer Mr. Ethan Baker, a 35-year-old male, with persistent right hip pain suggestive of femoroacetabular impingement (FAI).

Mr. Baker has no significant past medical history.

His symptoms began approximately 1 year ago, insidious in onset, with anterior groin pain exacerbated by hip flexion and internal rotation. Non-surgical management has included a prolonged course of physiotherapy focusing on hip strengthening, mobility, and activity modification. He has also tried simple analgesia. These measures have provided only minimal relief.

Mr. Baker reports significant pain during activities such as sitting for long periods, driving, squatting, and participating in his recreational sport (cycling). This pain limits his daily function and prevents him from training effectively.

Mr. Baker is keen to identify the cause of his pain and explore definitive treatment options. He understands that hip arthroscopy may be necessary and is happy to proceed if recommended.

Non-weight bearing X-rays of the pelvis and right hip performed on 15/03/2025 show features suggestive of cam-type FAI on the right (AP pelvis and lateral views enclosed). MRI of the right hip (report dated 05/05/2025) confirms cam morphology and associated labral pathology.

He is continuing with a modified exercise programme to maintain hip strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. EE. General Practitioner

[GP Practice Name]

Referral 32

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Fiona Carter - Right Knee ACL Rupture

Dear Sir/Madam,

I am writing to refer Ms. Fiona Carter, a 29-year-old female, presenting with symptoms following a suspected right anterior cruciate ligament (ACL) rupture.

Ms. Carter has no significant past medical history.

The injury occurred approximately 4 months ago while playing netball, involving a landing and twisting mechanism. She experienced immediate pain, swelling, and inability to continue playing. Initial management included RICE, analgesia, and referral for physiotherapy. Physiotherapy has focused on reducing swelling and restoring range of motion. Despite this, she continues to experience instability and giving way, particularly during pivoting and jumping movements.

Ms. Carter reports significant functional disability, being unable to return to her sport or confidently perform activities requiring quick changes in direction. This instability causes her significant anxiety and impacts her ability to maintain her active lifestyle and social engagement with her team.

Ms. Carter is keen to regain full function and return to competitive sport. She understands that surgical reconstruction may be necessary and is happy to undergo this if recommended.

Recent MRI of the right knee (report dated 01/05/2025) confirms a complete rupture of the ACL. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 10/04/2025 enclosed).

She is continuing with pre-operative physiotherapy to improve muscle strength and knee function.

Thank you for your assessment.

Yours faithfully,

Dr. FF. General Practitioner

[GP Practice Name]

Referral 33

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Gary Davis - Left Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Gary Davis, a 69-year-old gentleman, with increasing pain and functional limitation in his left knee, consistent with osteoarthritis.

Mr. Davis has a medical history of well-controlled type 2 diabetes.

He has undergone non-surgical management for the past 12 months, including regular simple analgesia (paracetamol and occasional ibuprofen), a structured physiotherapy programme focusing on strengthening and mobility, and advice on weight management. Despite these efforts, his symptoms persist.

Mr. Davis reports significant pain and stiffness in his left knee, particularly affecting activities of daily living such as walking short distances, climbing stairs, and getting out of

a chair. This has severely impacted his quality of life, preventing him from participating in his usual social activities and gardening.

Mr. Davis understands the potential treatment options, including surgical intervention, and has confirmed that he would be happy to proceed with surgery if deemed necessary and appropriate following specialist assessment.

Weight-bearing X-rays of the left knee performed on 01/03/2025 confirm moderate tricompartmental osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is currently optimising his diabetic control with our practice nurse in preparation for potential surgery.

Thank you for seeing this gentleman.

Yours faithfully,

Dr. GG. General Practitioner

[GP Practice Name]

Referral 34

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Holly Evans - Right Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Holly Evans, a 70-year-old female, with worsening pain and stiffness in her right hip, consistent with osteoarthritis.

Ms. Evans has a medical history of well-controlled hypertension.

She has engaged in non-surgical management for the past year, including regular paracetamol and occasional co-codamol, a hip-specific exercise programme guided by physiotherapy, and the use of a walking stick for longer distances. These measures provide only temporary relief.

Ms. Evans describes deep aching pain in her right groin and buttock, exacerbated by weight-bearing activities. She has significant difficulty with walking, standing for prolonged periods, and putting on shoes and socks. Her mobility is severely restricted, impacting her independence and ability to carry out daily tasks.

Ms. Evans is finding her current level of pain and disability unacceptable and is keen to explore surgical options. She has confirmed her willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and right hip performed on 20/02/2025 show severe osteoarthritis of the right hip joint (AP pelvis and lateral views enclosed).

She is currently optimising her blood pressure management with our practice nurse in preparation for potential surgery.

Thank you for your expert opinion.

Yours faithfully,

Dr. HH. General Practitioner

[GP Practice Name]

Referral 35

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Isaac Foster - Left Meniscus Tear (Complex)

Dear Sir/Madam,

I am writing to refer Mr. Isaac Foster, a 58-year-old gentleman, with ongoing mechanical symptoms in his left knee consistent with a complex meniscus tear.

Mr. Foster has a medical history of well-controlled asthma.

His symptoms started approximately 10 months ago after a non-contact twisting injury. Initial management included RICE, analgesia, and physiotherapy. While physiotherapy has helped with general knee function, he continues to experience persistent pain, swelling, and recurrent locking episodes. The locking is particularly problematic and unpredictable.

Mr. Foster reports significant functional disability, being unable to walk distances without pain and experiencing frequent episodes of his knee locking, which causes him to stumble. This severely limits his ability to work effectively (manual labour) and participate in recreational activities.

Mr. Foster is frustrated by the persistent mechanical symptoms and is keen to explore surgical options to address the locking and pain. He is happy to undergo arthroscopic surgery if recommended.

MRI of the left knee performed on 20/04/2025 demonstrates a complex tear involving both the medial and lateral menisci. Standing X-rays of the left knee performed on 01/03/2025 show mild degenerative changes but no significant osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is continuing with physiotherapy to manage swelling and maintain muscle tone.

Thank you for your expert opinion.

Yours faithfully,

Dr. Il. General Practitioner

[GP Practice Name]

Referral 36

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Jasmine Green - Right Hip Femoroacetabular Impingement (FAI)

Dear Sir/Madam,

I am writing to refer Ms. Jasmine Green, a 31-year-old female, with persistent right hip pain suggestive of femoroacetabular impingement (FAI).

Ms. Green has no significant past medical history.

Her symptoms began approximately 9 months ago, insidious in onset, with anterior groin pain exacerbated by hip flexion and internal rotation. Non-surgical management has included a prolonged course of physiotherapy focusing on hip strengthening, mobility, and activity modification. She has also tried simple analgesia. These measures have provided only minimal relief.

Ms. Green reports significant pain during activities such as sitting for long periods, driving, squatting, and participating in her recreational sport (running). This pain limits her daily function and prevents her from fully engaging in her active lifestyle.

Ms. Green is keen to identify the cause of her pain and explore definitive treatment options. She understands that hip arthroscopy may be necessary and is happy to proceed if recommended.

Non-weight bearing X-rays of the pelvis and right hip performed on 10/03/2025 show features suggestive of cam-type FAI on the right (AP pelvis and lateral views enclosed). MRI of the right hip (report dated 01/05/2025) confirms cam morphology and associated labral pathology.

She is continuing with a modified exercise programme to maintain hip strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. JJ. General Practitioner

[GP Practice Name]

Referral 37

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Kevin Hall - Right Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Kevin Hall, a 76-year-old gentleman, with severe bilateral knee pain and functional limitation due to osteoarthritis.

Mr. Hall has a medical history of chronic heart failure, managed medically.

He has undergone extensive non-surgical management for both knees over the past 18 months, including regular strong analgesia (morphine), multiple courses of physiotherapy, and the use of a walking frame for mobility. These measures provide only limited, short-term benefit.

Mr. Hall reports debilitating pain in both knees, making walking even short distances extremely difficult and painful. He is largely housebound and requires significant assistance with daily tasks. His inability to mobilise is severely impacting his independence and overall quality of life.

Mr. Hall is desperate for relief from his pain and significant improvement in his mobility. He understands that bilateral knee replacement surgery may be considered and is fully prepared and willing to undergo this if deemed appropriate.

Weight-bearing X-rays of both knees performed on 05/01/2025 show severe tricompartmental osteoarthritis in both knees (standing AP, lateral, and skyline views enclosed).

He is currently working with the cardiology team to optimise his heart failure management and has been referred to the pre-operative assessment clinic for a comprehensive medical review.

Thank you for seeing this gentleman.

Yours faithfully,

Dr. KK. General Practitioner

[GP Practice Name]

Referral 38

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Lily Ives - Left Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Lily Ives, a 67-year-old female, with increasing pain and functional limitation in her left hip due to osteoarthritis.

Ms. Ives has a medical history of osteoporosis, managed with medication.

She has undergone non-surgical management for the past year, including regular paracetamol and NSAIDs (ibuprofen), a structured exercise programme, and advice on pacing activities. These measures provide only partial relief.

Ms. Ives reports significant pain in her left hip, particularly in the groin, making walking, standing, and getting in and out of a car difficult. This impacts her ability to go shopping and visit friends, leading to social isolation.

Ms. Ives is finding her current level of pain and disability significantly impacting her quality of life and is keen to discuss surgical options. She has confirmed her willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and left hip performed on 15/02/2025 show moderate to severe osteoarthritis of the left hip joint (AP pelvis and lateral views enclosed).

She is compliant with her osteoporosis treatment.

Thank you for your expert opinion.

Yours faithfully,

Dr. LL. General Practitioner

[GP Practice Name]

Referral 39

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Mason Jones - Left Knee Meniscus Tear

Dear Sir/Madam,

I am writing to refer Mr. Mason Jones, a 42-year-old gentleman, with persistent mechanical symptoms in his left knee suggestive of a meniscus tear.

Mr. Jones has no significant past medical history.

His symptoms began approximately 6 months ago after a twisting injury while playing sports. He experienced sudden pain and swelling. Initial management involved RICE, analgesia, and physiotherapy. While physiotherapy has helped with general knee function, he continues to experience localised pain, intermittent clicking, and occasional giving way.

Mr. Jones reports that his symptoms limit his ability to participate in recreational activities (football, running) and cause discomfort during prolonged standing or walking. The unpredictable giving way episodes are concerning and affect his confidence during physical activity.

Mr. Jones is keen to resolve his symptoms and return to his previous activity levels. He understands that arthroscopic surgery may be required and is happy to proceed if recommended.

MRI of the left knee performed on 25/04/2025 demonstrates a tear of the medial meniscus. Standing X-rays of the left knee performed on 05/03/2025 show no significant osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is continuing with physiotherapy to maintain muscle strength.

Thank you for your assessment.

Yours faithfully,

Dr. MM. General Practitioner

[GP Practice Name]

Referral 40

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Nora King - Right Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Nora King, a 74-year-old female, with increasing pain and functional limitation in her right knee due to osteoarthritis.

Ms. King has a medical history of well-controlled hypertension.

She has undergone non-surgical management for the past year, including regular simple analgesia, a structured physiotherapy programme, and the use of a walking stick for support. These measures provide some relief but her symptoms are worsening.

Ms. King reports significant pain and stiffness in her right knee, particularly affecting her ability to walk distances, use stairs, and stand for prolonged periods. This impacts her ability to visit family and friends and participate in social activities.

Ms. King is finding her current level of disability significantly impacting her quality of life and is keen to explore surgical options. She has confirmed her willingness to undergo knee replacement surgery if deemed necessary.

Weight-bearing X-rays of the right knee performed on 01/03/2025 show moderate medial and patellofemoral compartment osteoarthritis (standing AP, lateral, and skyline views enclosed).

She is managing her hypertension well.

Thank you for seeing this lady.

Yours faithfully,

Dr. NN. General Practitioner

[GP Practice Name]

Referral 41

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Oscar Lee - Right Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Oscar Lee, a 65-year-old gentleman, with progressive pain and stiffness in his right hip, consistent with osteoarthritis.

Mr. Lee has no significant past medical history.

He has engaged in non-surgical management for the past 18 months, including regular paracetamol and occasional NSAIDs, a hip-specific exercise programme, and activity modification. These measures provide only limited relief.

Mr. Lee describes deep aching pain in his right groin and lateral hip, exacerbated by weight-bearing activities and sitting for long periods. He has difficulty with walking, getting in and out of a car, and sleeping due to pain. This impacts his ability to work effectively and participate in recreational activities.

Mr. Lee is finding his current level of pain and disability significantly impacting his quality of life and is keen to discuss surgical options. He has confirmed his willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and right hip performed on 10/02/2025 show moderate osteoarthritis of the right hip joint (AP pelvis and lateral views enclosed).

He is generally fit and well.

Thank you for your expert opinion.

Yours faithfully,

Dr. OO. General Practitioner

[GP Practice Name]

Referral 42

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Penny Moore - Right Knee Medial Meniscus Tear

Dear Sir/Madam,

I am writing to refer Ms. Penny Moore, a 28-year-old female, with persistent symptoms suggestive of a right medial meniscus tear.

Ms. Moore has no significant past medical history.

Her symptoms began approximately 6 months ago following a squatting injury during exercise. She experienced sudden pain and a popping sensation. Initial management involved RICE, analgesia, and physiotherapy. Physiotherapy has helped reduce swelling and improve general knee function, but she continues to experience localised medial joint line pain, intermittent clicking, and occasional catching.

Ms. Moore reports that her symptoms limit her ability to participate in her recreational sport (gymnastics) and cause discomfort during prolonged standing or walking. The unpredictable catching episodes are particularly bothersome and affect her confidence during physical activity.

Ms. Moore is keen to resolve her symptoms and return to her previous activity levels. She understands that arthroscopic surgery may be required and is happy to proceed if recommended.

MRI of the right knee performed on 01/05/2025 demonstrates a tear of the medial meniscus. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 10/04/2025 enclosed).

She is continuing with physiotherapy to maintain muscle strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. PP. General Practitioner

[GP Practice Name]

Referral 43

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Quincy Nelson - Left Hip Femoroacetabular Impingement (FAI)

Dear Sir/Madam,

I am writing to refer Mr. Quincy Nelson, a 38-year-old male, with persistent left hip pain suggestive of femoroacetabular impingement (FAI).

Mr. Nelson has no significant past medical history.

His symptoms began approximately 1 year ago, insidious in onset, with anterior groin pain exacerbated by hip flexion and internal rotation. Non-surgical management has included a prolonged course of physiotherapy focusing on hip strengthening, mobility, and activity modification. He has also tried simple analgesia. These measures have provided only minimal relief.

Mr. Nelson reports significant pain during activities such as sitting for long periods, driving, squatting, and participating in his recreational sport (football). This pain limits his daily function and prevents him from training effectively.

Mr. Nelson is keen to identify the cause of his pain and explore definitive treatment options. He understands that hip arthroscopy may be necessary and is happy to proceed if recommended.

Non-weight bearing X-rays of the pelvis and left hip performed on 15/03/2025 show features suggestive of cam-type FAI on the left (AP pelvis and lateral views enclosed). MRI of the left hip (report dated 05/05/2025) confirms cam morphology and associated labral pathology.

He is continuing with a modified exercise programme to maintain hip strength and range of motion.

Thank you for your assessment.

Yours faithfully,

Dr. QQ. General Practitioner

[GP Practice Name]

Referral 44

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Rachel Owens - Right Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Rachel Owens, a 68-year-old female, with increasing pain and functional limitation in her right knee, consistent with osteoarthritis.

Ms. Owens has a medical history of well-controlled anxiety.

She has undergone a comprehensive course of non-surgical management over the past 14 months, including regular simple analgesia, a structured physiotherapy programme focusing on strengthening and mobility, and advice on weight management. Despite these efforts, her symptoms persist.

Ms. Owens reports significant pain and stiffness in her right knee, particularly affecting activities of daily living such as walking short distances, climbing stairs, and getting out of a chair. This has severely impacted her quality of life, preventing her from participating in her usual social activities and walking her dog.

Ms. Owens understands the potential treatment options, including surgical intervention, and has confirmed that she would be happy to proceed with surgery if deemed necessary and appropriate following specialist assessment.

Weight-bearing X-rays of the right knee performed on 10/03/2025 confirm moderate medial compartment osteoarthritis (standing AP, lateral, and skyline views enclosed).

She is managing her anxiety well.

Thank you for seeing this lady.

Yours faithfully,

Dr. RR. General Practitioner

[GP Practice Name]

Referral 45

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Samuel Phillips - Left Knee ACL Rupture

Dear Sir/Madam,

I am writing to refer Mr. Samuel Phillips, a 30-year-old male, presenting with symptoms following a suspected left anterior cruciate ligament (ACL) rupture.

Mr. Phillips has no significant past medical history.

The injury occurred approximately 3 months ago while playing football, involving a twisting mechanism. He experienced immediate pain, swelling, and inability to continue playing. Initial management included RICE, analgesia, and referral for physiotherapy. Physiotherapy has focused on reducing swelling, restoring range of motion, and initial strengthening. Despite this, he continues to experience instability and giving way, particularly during pivoting movements.

Mr. Phillips reports significant functional disability, being unable to return to his sport or confidently perform activities requiring quick changes in direction. This instability causes him significant anxiety and impacts his ability to maintain his active lifestyle and social engagement with his team.

Mr. Phillips is keen to regain full function and return to competitive sport. He understands that surgical reconstruction may be necessary and is happy to undergo this if recommended.

Recent MRI of the left knee (report dated 10/04/2025) confirms a complete rupture of the ACL. Plain X-rays were normal (standing AP, lateral, and skyline views performed on 05/03/2025 enclosed).

He is continuing with pre-operative physiotherapy to improve muscle strength and knee function as much as possible prior to his appointment.

Thank you for your assessment.

Yours faithfully,

Dr. SS. General Practitioner

[GP Practice Name]

Referral 46

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Tara Roberts - Right Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Tara Roberts, a 72-year-old female, with worsening pain and stiffness in her right hip, consistent with osteoarthritis.

Ms. Roberts has a medical history of well-controlled hypertension.

She has engaged in non-surgical management for the past year, including regular paracetamol and occasional co-codamol, a hip-specific exercise programme guided by

physiotherapy, and the use of a walking stick for longer distances. These measures provide only temporary relief.

Ms. Roberts describes deep aching pain in her right groin and buttock, exacerbated by weight-bearing activities. She has significant difficulty with walking, standing for prolonged periods, and putting on shoes and socks. Her mobility is severely restricted, impacting her independence and ability to carry out daily tasks.

Ms. Roberts is finding her current level of pain and disability unacceptable and is keen to explore surgical options. She has confirmed her willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and right hip performed on 20/02/2025 show severe osteoarthritis of the right hip joint (AP pelvis and lateral views enclosed).

She is currently optimising her blood pressure management with our practice nurse in preparation for potential surgery.

Thank you for your expert opinion.

Yours faithfully,

Dr. TT. General Practitioner

[GP Practice Name]

Referral 47

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Victor Scott - Right Knee Meniscus Tear (Complex)

Dear Sir/Madam,

I am writing to refer Mr. Victor Scott, a 55-year-old gentleman, with ongoing mechanical symptoms in his right knee consistent with a complex meniscus tear.

Mr. Scott has a medical history of well-controlled hypercholesterolaemia.

His symptoms started approximately 8 months ago after a non-contact twisting injury. Initial management included RICE, analgesia, and physiotherapy. While physiotherapy has helped with general knee function, he continues to experience persistent pain, swelling, and recurrent locking episodes. The locking is particularly problematic and unpredictable.

Mr. Scott reports significant functional disability, being unable to walk distances without pain and experiencing frequent episodes of his knee locking, which causes him to stumble. This severely limits his ability to work effectively (manual labour) and participate in recreational activities.

Mr. Scott is frustrated by the persistent mechanical symptoms and is keen to explore surgical options to address the locking and pain. He is happy to undergo arthroscopic surgery if recommended.

MRI of the right knee performed on 20/04/2025 demonstrates a complex tear involving both the medial and lateral menisci. Standing X-rays of the right knee performed on 01/03/2025 show mild degenerative changes but no significant osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is continuing with physiotherapy to manage swelling and maintain muscle tone.

Thank you for your expert opinion.

Yours faithfully,

Dr. UU. General Practitioner

[GP Practice Name]

Referral 48

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Wendy Turner - Left Hip Osteoarthritis

Dear Sir/Madam,

I am writing to refer Ms. Wendy Turner, a 65-year-old female, with increasing pain and functional limitation in her left hip due to osteoarthritis.

Ms. Turner has a medical history of osteoporosis, managed with medication.

She has undergone non-surgical management for the past year, including regular paracetamol and NSAIDs (diclofenac), a structured exercise programme, and advice on pacing activities. These measures provide only partial relief.

Ms. Turner reports significant pain in her left hip, particularly in the groin, making walking, standing, and getting in and out of a car difficult. This impacts her ability to go shopping and visit friends, leading to social isolation.

Ms. Turner is finding her current level of pain and disability significantly impacting her quality of life and is keen to discuss surgical options. She has confirmed her willingness to undergo hip replacement surgery if advised.

Non-weight bearing X-rays of the pelvis and left hip performed on 15/02/2025 show moderate to severe osteoarthritis of the left hip joint (AP pelvis and lateral views enclosed).

She is compliant with her osteoporosis treatment.

Thank you for your expert opinion.

Yours faithfully,

Dr. VV. General Practitioner

[GP Practice Name]

Referral 49

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Mr. Xavier Underwood - Left Knee Osteoarthritis

Dear Sir/Madam,

I am writing to refer Mr. Xavier Underwood, a 62-year-old gentleman, with progressive pain and functional limitation in his left knee due to osteoarthritis.

Mr. Underwood has a medical history of well-controlled asthma.

He has engaged in non-surgical management for the past 15 months, including regular simple analgesia, a comprehensive physiotherapy programme, and the use of a knee brace for support during activities. These measures provide some relief but his symptoms are worsening.

Mr. Underwood reports significant pain and stiffness in his left knee, particularly affecting his ability to walk distances, use stairs, and stand for prolonged periods. This impacts his ability to participate in his hobbies (walking, golf) and is affecting his mood.

Mr. Underwood is finding his current level of disability unacceptable and is keen to explore surgical options. He has confirmed his willingness to undergo knee replacement surgery if deemed necessary.

Weight-bearing X-rays of the left knee performed on 20/03/2025 show moderate medial compartment osteoarthritis (standing AP, lateral, and skyline views enclosed).

He is managing his asthma well and is generally fit for his age.

Thank you for seeing this gentleman.

Yours faithfully,

Dr. WW. General Practitioner

[GP Practice Name]

Referral 50

[Your GP Practice Letterhead]

Date: 15th May 2025

To: The Consultant Orthopaedic Surgeon

Elective Orthopaedic Clinic

[Hospital Name]

Subject: Referral of Ms. Yvonne Vance - Right Hip Femoroacetabular Impingement (FAI)

Dear Sir/Madam,

I am writing to refer Ms. Yvonne Vance, a 28-year-old female, with persistent right hip pain suggestive of femoroacetabular impingement (FAI).

Ms. Vance has no significant past medical history.

Her symptoms began approximately 1 year ago, with anterior groin pain exacerbated by hip flexion and internal rotation. Non-surgical management has included physiotherapy focusing on hip strengthening, mobility, and activity modification, as well as simple analgesia. These measures have provided limited relief.

Ms. Vance reports significant pain during activities such as prolonged sitting, squatting, and during her recreational sport (running). This pain limits her daily function and prevents her from training effectively.

Ms. Vance is keen to find a solution to her pain and return to her previous level of activity. She understands that hip arthroscopy may be necessary and is happy to proceed if recommended.

Non-weight bearing X-rays of the pelvis and right hip performed on 01/04/2025 show features suggestive of pincer-type FAI on the right (AP pelvis and lateral views enclosed). MRI of the right hip (report dated 10/05/2025) confirms pincer morphology and associated labral pathology.

She is continuing with a modified exercise programme.

Thank you for your assessment.

Yours faithfully,

Dr. XX. General Practitioner

[GP Practice Name]

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 1

DOB: 01/01/1970

NHS Number: 100000

I am referring this patient to your service for assessment and consideration of surgical intervention for ACL rupture.

Medical History: Rheumatoid Arthritis, Hypertension, Chronic Back Pain.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing complete rupture of the anterior cruciate ligament.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 2

DOB: 01/01/1970

NHS Number: 100001

I am referring this patient to your service for assessment and consideration of surgical intervention for ACL rupture.

Medical History: Osteoporosis, Chronic Back Pain.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing complete rupture of the anterior cruciate ligament.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 3

DOB: 01/01/1970

NHS Number: 100002

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Rheumatoid Arthritis, Type 2 Diabetes.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 4

DOB: 01/01/1970

NHS Number: 100003

I am referring this patient to your service for assessment and consideration of surgical intervention for Lateral knee osteoarthritis.

Medical History: Obesity, Chronic Back Pain, Hypertension.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing lateral joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 5

DOB: 01/01/1970

NHS Number: 100004

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Previous Knee Surgery, Hypertension, Type 2 Diabetes.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 6

DOB: 01/01/1970

NHS Number: 100005

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Asthma, Previous Knee Surgery, Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 7

DOB: 01/01/1970

NHS Number: 100006

I am referring this patient to your service for assessment and consideration of surgical intervention for Knee meniscal tear.

Medical History: Osteoporosis.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing tear in the medial/lateral meniscus.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 8

DOB: 01/01/1970

NHS Number: 100007

I am referring this patient to your service for assessment and consideration of surgical intervention for Lateral knee osteoarthritis.

Medical History: Obesity, Osteoporosis.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing lateral joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 9

DOB: 01/01/1970

NHS Number: 100008

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Chronic Back Pain, Hypertension, Previous Knee Surgery.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 10

DOB: 01/01/1970

NHS Number: 100009

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Previous Knee Surgery.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 11

DOB: 01/01/1970

NHS Number: 100010

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Obesity, Osteoporosis, Chronic Back Pain.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 12

DOB: 01/01/1970

NHS Number: 100011

I am referring this patient to your service for assessment and consideration of surgical intervention for Lateral knee osteoarthritis.

Medical History: Hypertension, Type 2 Diabetes, Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing lateral joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 13

DOB: 01/01/1970

NHS Number: 100012

I am referring this patient to your service for assessment and consideration of surgical intervention for Femoroacetabular impingement.

Medical History: Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing cam/pincer lesion with associated labral tear.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 14

DOB: 01/01/1970

NHS Number: 100013

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Hypertension, Rheumatoid Arthritis, Osteoporosis.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 15

DOB: 01/01/1970

NHS Number: 100014

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 16

DOB: 01/01/1970

NHS Number: 100015

I am referring this patient to your service for assessment and consideration of surgical intervention for Bilateral knee osteoarthritis.

Medical History: Previous Knee Surgery, Osteoporosis, Obesity.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing both medial and lateral joint space narrowing with osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 17

DOB: 01/01/1970

NHS Number: 100016

I am referring this patient to your service for assessment and consideration of surgical intervention for Femoroacetabular impingement.

Medical History: Obesity, Hypertension.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing cam/pincer lesion with associated labral tear.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 18

DOB: 01/01/1970

NHS Number: 100017

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Type 2 Diabetes, Hyperlipidemia, Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 19

DOB: 01/01/1970

NHS Number: 100018

I am referring this patient to your service for assessment and consideration of surgical intervention for Bilateral knee osteoarthritis.

Medical History: Rheumatoid Arthritis.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing both medial and lateral joint space narrowing with osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 20

DOB: 01/01/1970

NHS Number: 100019

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Hyperlipidemia, Asthma, Type 2 Diabetes.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 21

DOB: 01/01/1970

NHS Number: 100020

I am referring this patient to your service for assessment and consideration of surgical intervention for Bilateral knee osteoarthritis.

Medical History: Asthma, Osteoporosis, Chronic Back Pain.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing both medial and lateral joint space narrowing with osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 22

DOB: 01/01/1970

NHS Number: 100021

I am referring this patient to your service for assessment and consideration of surgical intervention for Knee meniscal tear.

Medical History: Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing tear in the medial/lateral meniscus.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 23

DOB: 01/01/1970

NHS Number: 100022

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Type 2 Diabetes, Osteoporosis.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 24

DOB: 01/01/1970

NHS Number: 100023

I am referring this patient to your service for assessment and consideration of surgical intervention for Lateral knee osteoarthritis.

Medical History: Chronic Back Pain, Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing lateral joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 25

DOB: 01/01/1970

NHS Number: 100024

I am referring this patient to your service for assessment and consideration of surgical intervention for Lateral knee osteoarthritis.

Medical History: Type 2 Diabetes, Hypertension.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing lateral joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 26

DOB: 01/01/1970

NHS Number: 100025

I am referring this patient to your service for assessment and consideration of surgical intervention for Lateral knee osteoarthritis.

Medical History: Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing lateral joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 27

DOB: 01/01/1970

NHS Number: 100026

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Osteoporosis, Hypertension, Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 28

DOB: 01/01/1970

NHS Number: 100027

I am referring this patient to your service for assessment and consideration of surgical intervention for Femoroacetabular impingement.

Medical History: Osteoporosis.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing cam/pincer lesion with associated labral tear.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 29

DOB: 01/01/1970

NHS Number: 100028

I am referring this patient to your service for assessment and consideration of surgical intervention for ACL rupture.

Medical History: Previous Knee Surgery.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing complete rupture of the anterior cruciate ligament.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 30

DOB: 01/01/1970

NHS Number: 100029

I am referring this patient to your service for assessment and consideration of surgical intervention for Lateral knee osteoarthritis.

Medical History: Rheumatoid Arthritis, Previous Knee Surgery.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing lateral joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 31

DOB: 01/01/1970

NHS Number: 100030

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

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Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 32

DOB: 01/01/1970

NHS Number: 100031

I am referring this patient to your service for assessment and consideration of surgical intervention for Knee meniscal tear.

Medical History: Rheumatoid Arthritis, Previous Knee Surgery.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing tear in the medial/lateral meniscus.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 33

DOB: 01/01/1970

NHS Number: 100032

I am referring this patient to your service for assessment and consideration of surgical intervention for Femoroacetabular impingement.

Medical History: Rheumatoid Arthritis, Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing cam/pincer lesion with associated labral tear.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 34

DOB: 01/01/1970

NHS Number: 100033

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Chronic Back Pain, Obesity.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 35

DOB: 01/01/1970

NHS Number: 100034

I am referring this patient to your service for assessment and consideration of surgical intervention for Bilateral knee osteoarthritis.

Medical History: Previous Knee Surgery, Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing both medial and lateral joint space narrowing with osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 36

DOB: 01/01/1970

NHS Number: 100035

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Obesity, Type 2 Diabetes, Rheumatoid Arthritis.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 37

DOB: 01/01/1970

NHS Number: 100036

I am referring this patient to your service for assessment and consideration of surgical intervention for Bilateral knee osteoarthritis.

Medical History: Osteoporosis, Previous Knee Surgery, Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing both medial and lateral joint space narrowing with osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 38

DOB: 01/01/1970

NHS Number: 100037

I am referring this patient to your service for assessment and consideration of surgical intervention for ACL rupture.

Medical History: Chronic Back Pain, Hyperlipidemia, Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing complete rupture of the anterior cruciate ligament.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 39

DOB: 01/01/1970

NHS Number: 100038

I am referring this patient to your service for assessment and consideration of surgical intervention for Knee meniscal tear.

Medical History: Asthma, Hyperlipidemia, Hypertension.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing tear in the medial/lateral meniscus.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 40

DOB: 01/01/1970

NHS Number: 100039

I am referring this patient to your service for assessment and consideration of surgical intervention for Femoroacetabular impingement.

Medical History: Chronic Back Pain, Hypertension, Rheumatoid Arthritis.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing cam/pincer lesion with associated labral tear.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 41

DOB: 01/01/1970

NHS Number: 100040

I am referring this patient to your service for assessment and consideration of surgical intervention for Medial knee osteoarthritis.

Medical History: Osteoporosis, Type 2 Diabetes, Previous Knee Surgery.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing medial joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 42

DOB: 01/01/1970

NHS Number: 100041

I am referring this patient to your service for assessment and consideration of surgical intervention for Femoroacetabular impingement.

Medical History: Previous Knee Surgery.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing cam/pincer lesion with associated labral tear.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 43

DOB: 01/01/1970

NHS Number: 100042

I am referring this patient to your service for assessment and consideration of surgical intervention for Knee meniscal tear.

Medical History: Hyperlipidemia, Osteoporosis, Chronic Back Pain.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing tear in the medial/lateral meniscus.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 44

DOB: 01/01/1970

NHS Number: 100043

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Osteoporosis, Obesity, Chronic Back Pain.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 45

DOB: 01/01/1970

NHS Number: 100044

I am referring this patient to your service for assessment and consideration of surgical intervention for Bilateral knee osteoarthritis.

Medical History: Rheumatoid Arthritis, Obesity.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing both medial and lateral joint space narrowing with osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 46

DOB: 01/01/1970

NHS Number: 100045

I am referring this patient to your service for assessment and consideration of surgical intervention for Knee meniscal tear.

Medical History: Type 2 Diabetes.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: MRI showing tear in the medial/lateral meniscus.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 47

DOB: 01/01/1970

NHS Number: 100046

I am referring this patient to your service for assessment and consideration of surgical intervention for Hip osteoarthritis.

Medical History: Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: non-weight bearing X-ray showing loss of joint space, osteophytes, and subchondral sclerosis.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 48

DOB: 01/01/1970

NHS Number: 100047

I am referring this patient to your service for assessment and consideration of surgical intervention for Bilateral knee osteoarthritis.

Medical History: Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing both medial and lateral joint space narrowing with osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 49

DOB: 01/01/1970

NHS Number: 100048

I am referring this patient to your service for assessment and consideration of surgical intervention for Lateral knee osteoarthritis.

Medical History: Hypertension, Asthma.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing lateral joint space narrowing and osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner

Dr. Smith

General Practitioner

Primary Care Clinic

Address: 123 Health Street, City, Postcode

Date: 15/05/2025

To: Elective Orthopaedic Centre

Address: 456 Ortho Lane, City, Postcode

Dear Orthopaedic Consultant,

Re: Referral for assessment and possible surgical intervention

Patient Name: Synthetic Patient 50

DOB: 01/01/1970

NHS Number: 100049

I am referring this patient to your service for assessment and consideration of surgical intervention for Bilateral knee osteoarthritis.

Medical History: Chronic Back Pain, Hyperlipidemia.

Symptoms: The patient reports chronic pain and functional impairment significantly impacting their quality of life. Conservative measures including physiotherapy, NSAIDs, and weight management have been trialed without sufficient improvement.

Patient's Preference: The patient has expressed willingness to undergo surgical intervention if deemed necessary.

Relevant Investigations:

X-ray Findings: weight bearing X-ray showing both medial and lateral joint space narrowing with osteophyte formation.

The imaging was performed within the last 12 months and confirms the diagnosis.

Please assess the patient for suitability for surgical management. Should you require any further information or investigations, feel free to contact me.

Kind regards,

Dr. Smith

General Practitioner