SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr James Byrne 19-Apr-2022 - 1915 35742						
Surname	First Name	25-May-	Gender	Age	NHS No	EMIS No
O'Meara	Margaret	1958	F	63y	630 585 3142	35742
		/			AN AT TIME OF I	
Single Slot ✓ 2 weeks Fast track biopsy ✓ Any clinician (shave/punch/C&C)						
Double Slot 1 month			Exc/Inc biopsy trunk and limbs			
2 months/3months			Exc/ Inc biopsy head and neck OR nail biopsy			
Suspicious of N	IM/SCC? Yes /	No)	Listing f	or Spe	cific clinician:	
Site (i	rocedure excisional/ Incisional etc)	A	Clinica	l Histor	v /	PACEMAKER (Y/N)
forsum proximal	Excusion 1	1 Sundo	el nos	ule	aink x 15 ym	
2.		7 - 0				Patients requiring Excision/Incisional procedure who have a pacemaker in -situ should be referred externally
A) Have you indicated the site on the anatomical body map? B) Has the patient confirmed the marked site and procedure C) Have you photographed the site of the lesion SAME DAY SURGERY ONLY Have you marked the site of the lesion SECTION B: TO BE COMPLETED BY CLINICIAN LISTING THIS PATIENT Yes Yes No Yes Yes Yes Yes Yes Yes						
SE Jaww -	CTION C: TO BE DERMATOLOGIC	Variable Control of the Control of t	BY OPER		ON DAY OF SUR ATURE	RGERÝ: SAMPLE TIME
Urgent	BLACK			A	sock,	16 4. M M
Routine				SAME	LE DATE	D M N Y Y Z
STICK BIOHAZARE	LAB USE C	DNLY		TII	ME RECEIVED (24 HR)	
LABEL HERE	D	M M Y	YYY	Н	H M M	

O'MEARA, Margaret (Miss) 25-May-1958

