SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr James Byrne

22-Jul-2021

Surname	First Name	28-Jul-1944	Gender		NHS No	EMIS No	
McHugh	John		M	76y	440 383 4361	14011	
	SECTION A: TO	BE COMPLET	ED BY C	LINICI	AN AT TIME OF	LISTING:	
Single Slot	2 weeks Fast trad	rk hionsy	Any clir	nician (have/nunch/C&	C	
Single Slot 2 weeks Fast track biopsy Double Slot 4 month 1			Any clinician (shave/punch/C&C) Exc/Inc biopsy trunk and limbs				
2 months/3months				Exc/ Inc biopsy head and neck OR nail biopsy			
Suspicious of I		(No)			cific clinician:		
						<u> </u>	
	Procedure		Clinica	al Histo	ry	PACEMAKER	
Jite	(Excisional/ Incisional etc)				170 11	(Y(N))	
ant, Rt Scalp	Biopsy	pap	120 mla	100	d Halls	IG C	
	6mm purch						
2.						Patients requiring Excision/Incisional procedure who have a pacemaker in -situ should be referred externally	
A) Have vou ind	SECTION B: TO				N LISTING THIS	PATIENT	
	SECTION B: TO	anatomical body i	map? Yes		N LISTING THIS	PATIENT	
B) Has the patier C) Have you pho	licated the site on the nt confirmed the mark tographed the site of	anatomical body i	map? Yes	s s / No s / No /		patient's own phone	
B) Has the patier C) Have you pho SAME DAY SURG	licated the site on the nt confirmed the mark tographed the site of	anatomical body r ked site and proce the lesion	map? Yes	s s / No s / No /			
B) Has the patier C) Have you pho SAME DAY SURG Have you marke	licated the site on the nt confirmed the mark tographed the site of GERY ONLY and the site of the lesion	anatomical body red site and proce the lesion	map? Yes dure Yes Yes	s s / No s / No /	Photographed on p	patient's own phone	
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