



## Tertiary Referral of Suspected Bone or Soft Tissue Sarcoma

Name of Referrer \_\_\_\_\_ Date of Referral \_\_\_\_\_

Referring Hospital \_\_\_\_\_ Referrer's Phone No \_\_\_\_\_

PATIENT DETAILS
Name _____
NHS Number _____
Date of Birth _____
Address _____ _____
_____ Postcode _____
Phone numbers _____
Mobile number _____

GP DETAILS
Name of GP _____
Address _____ _____ _____
Postcode _____
Telephone _____

Is the patient? An Outpatient  If ticked, was patient an **URGENT GP CANCER REFERRAL?**   
 Please provide Cancer Waiting Time information in referral letter

An Inpatient  If ticked please state Ward \_\_\_\_\_

**PLEASE FAX THIS REFERRAL PROFORMA ALONG WITH A LETTER OUTLINING THE CLINICAL DETAILS TO 0208 909 5709**

**Does patient have a previous history of cancer? – please include details**

**PLEASE SEND ALL RELEVANT IMAGING (EITHER HARD COPY OR CD WITH IMAGE VIEWING SOFTWARE), RADIOLOGY AND PATHOLGY REPORTS TO:**

Clare Brown, Cancer Coordinator  
 The Sarcoma Unit,  
 Royal National Orthopaedic Hospital  
 Brockley Hill  
 Stanmore  
 Middlesex, HA7 4LP

If you wish to confirm receipt of fax and / or imaging please phone 0208 954 2300 bleep 721
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**If courier being used to bring imaging please ask courier to leave with Security at the Main gate – it will be picked up from there**

**PLEASE TICK TO INDICATE THAT IMAGING HAS BEEN / IS BEING SENT**

RNOH use: Date Fax received \_\_\_\_\_ Date imaging received \_\_\_\_\_