



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

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 _____