

SUPRAREGIONAL CENTRE FOR THE TREATMENT OF PRIMARY BONE & SOFT TISSUE TUMOURS

Hospital Referral of Suspected or Diagnosed Bone or Soft Tissue Sarcoma to RNOH

Referring Consultant: _____ Cons secretary Phone no: _____
 Referring Hospital: _____ Cons secretary Fax no: _____
 Date of Referral: _____ Cons secretary Email: _____

Form submitted by: _____	Contact Number: _____
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PATIENT DETAILS	
Name _____	
NHS No. _____	
Date of Birth _____	Address _____
_____	_____
_____	Postcode _____
Telephone _____	
Mobile number _____	

GP DETAILS	
Name of GP _____	
Address _____	

_____	Postcode _____
Telephone _____	
Fax number _____	

PATIENT INFORMATION:

Is the patient? (please tick)

An Outpatient

Was patient an **URGENT GP CANCER REFERRAL?**

Please provide Cancer Waiting Time information in referral letter

An Inpatient

Please state ward name and telephone number:

Is the patient aware of this referral? (please tick) Yes No

PLEASE FAX/EMAIL THIS REFERRAL FORM ALONG WITH THE FOLLOWING:

(please tick)

Referral Letter (on headed paper & outlining clinical details)

Previous history of cancer? (include details in referral letter)

Imaging and Reports: Via IEP? Via CD?

Histology Reports

MDT Office, The Sarcoma Unit,
Royal National Orthopaedic Hospital,
Brockley Hill,
Stanmore, Middlesex, HA7 4LP
Tel: 020 8909 5112
Fax: 020 8909 5709
rno-tr.LondonSarcomaService@nhs.net

Please note that we will not be able to fully process incomplete referrals and this may delay treatment You will receive a fax/email confirming receipt of referral.

For discussion at Fridays MDT Meeting all information must be complete and received by midday on Thursday

If courier is being used to bring imaging please deliver to the above address. If out of hours, please ask courier to leave with Security at the Main Gate – it will be picked up from there

RNOH use: Date referral received _____ Date imaging received _____