Name:	Pallent	etails	Date of Cli	nic / Decision to list	JOL TUNG
Per	sonal Information re	dacted by the USI	Consultant		WIT-5574
D.O.B.:					ALLISPICA
H&C No		·····	Specialty		
*	XX FOR	URGONT PAR	MORE	New York	LIROZOGY
Ple	ase DO NOT lis	URGONT BOOK it a Patient for surgery	if further tes	Sts or assessments a	re needed
Diagnosis: R	- 4 6 1 1	[ire needed
Procedure:	,		THON DU	E 110 PROSIL	SIE CONCER
()	NOSCOTO,	C RESECTIONS	OF PRI	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TIPD
Estimated Dura	tion of Surgery:	Additional Comm	nents / Instructi	ions:	1CIVI
LA HOU		FOR ADMI	SSION (TO 1/HHOS	PITM
		\			
Urgei		Anaesthetic Ty		<u>IF NOT</u> suitable for	or day of curse
Please tick appro	priate box	Please tick appropriat	e box	admission - pleas	se state & give reason
Urgent	V			- 1.0 Sec. 19	- = 10 ≪ Bire leason
Routine		General / Spinal	V		
Planned		Sedation Local			
To history and interest the second seco		LOCAL	L		
Intended Ma	Inagement	Please note that	tunlose indian		
Please tick app		patient will be sh	ared across th	ted below, for schedu	lling purposes the
ay Case		the second was believed by the second of the	parent from the same of the sa		
patient	V	A CONTRACT OF CARDINATE AND A CONTRACT OF CARDINATE	e patient is rec	quired to be admitted	to:
itients should be	listed as a day cas	e Specific Site Rec	luirement	DING	
line intention is to	or no overnight sta It does not matter	A CONTROL OF THE PURPLE OF THE PROPERTY OF THE PURPLE OF T		VAH.	
nich ward or unit	they are admitted			LEVEL 4	
Warfarin?]	Please advi a. Red	RN OVER & inc se whether th luce to 75mg d	dicate the bleeding ris e Patient should eithe	
		D. Con	tinue to take a	is normal	
		c. Sho	ulder arthrosco	opy, thyroid, parotid o	r parathyroid
		Sulg	ety – stop all a	spirin 7 days prior to	Surgery 🗌
Clopidogrel or P	rasugrel?	Please advis	STORES OF THE PARTY OF THE PART		
		31100	in contact care	nting within the past y diologist to advise ontinue 7days prior to	
)ahigatran Bira	rovahe		and the second		surgery U
Dabigatran, Riva	oxaban or Apix	aban? Please refer t	to Trust Guida	nce and SPC.	
ex Allergy? No	☑ Yes □	2 TOWN	BADCAD		
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	No ☑ Yes □	
		yes, how is the diabetes		Insulin 🗌 Tablet 🕻	
A decision to If the Consultant	add a patient to th is not available, th	ne waiting list must be discussen arrangements should be r	sed and counters	signed by the Consultant in	n charge.
or's Signature	Personal information re	dacted by USI Print N			nt thereafter.
tersigned (Consultived from Mr Mark H	iltant)	av Sand	ices Inquiry.	WOTHER	Vf.06,20
		gy serv	ioos iriquiry.	Da	re

Name:	al Information reda	cted by the USI	Date of Clin	ic / Decision to list	JON 66
D.O.B.:			Consultant		WIT-557
		······	6 : 1		140 13RI
H&C No			Specialty		//
*XX	FOR UR	GENT BOOKS Patient for surgery	BIC 110	/ YVV	UROLOGY
Please	DO NOT list a	Patient for surgery	if further tes	ts or assessments	are needed
	GCRKZ 1	man			
Procedure;	TENON L	IPPER CIRINA	RY / IKA	CA OBSTRU	SCHON
L N'BIL	MICRIAL (JREGEROGRAP,	AV & 1	tocrepic C	Samoura
Estimated Duration of	of Surgery:	Additional Comm		ons:	NEWING-
1 Hour		FOR DOME	SSTON (TI	O 1/HH	
				/	
Urgency	Angeles in the second	Anaesthetic Ty		IF NOT suitable	for day of surgery
Red Flag	e pox	Please tick appropriate	box	admission - plea	ise state & give reas
Urgent		General / C-1			5.05 1 Gas
Routine		General / Spinal Sedation	V		
Planned		Local			
		3			
Intended Manage	amont	Please note that	unlace indicat		
Please tick appropri		patient will be sh	ared across th	ed below, for sched	uling purposes the
Day Case		THE RESERVE OF THE PROPERTY OF THE PARTY OF	A STATE OF THE PARTY OF THE PAR		
Inpatient V		ricase detail in the	patient is req	uired to be admitted	to:
Patients should be listed	as a day case	Specific Site Req	uirement	771111	
if the intention is for no following surgery. It doe	overnight stay	Specific Unit Req	uirement	VICING O	
which ward or unit they	are admitted to	Specific Consulta		120024	
	are admitted to.	opeonic consulta	HC		
Is the Patient on any If yes, please indica Warfarin?	te if patient is	on any of the medicati	ons below and	No Yes the action required: icate the bleeding ri	
Aspirin 300mg?					
ASPILLI SUUME:		Please advis	e whether the	Patient should eith	er:
		a. Redi	ice to 75mg da	aily 7days prior to su	rgery 🗍
		c. Shou	inue to take a	s normal []	
		surge	ry - stop all a	py, thyroid, parotid spirin 7 days prior to	or parathyroid
Clonidogral or Dra	ST-12			-Print / days hitot to	surgery \square
Clopidogrel or Prasu	Riei.	Please advise		· · · · · · · · · · · · · · · · · · ·	
	And Alberta	a. Patie	nt has had ster	nting within the past	year thus Surgeon
		3110010	a contact Card	1010gist to advise	
			r should disco	ntinue 7days prior to	surgery 🗌
Dabigatran, Rivaroxa	ban or Apixab	an? Please refer to	Trust Guidan	ice and SPC.	
itex Allergy? No 🗹	Yes 🗌		MRSA?	No Y Yes	ever a congress
abetic? No 🕡	Yes If ye	s, how is the diabetes (ontrolled?		
				nsulin Tablet	
A decision to add a	patient to the w	alting list must be discussed	ed and countered	anad husha &	
eisoliai	availabla.the	hould be m	ado to diameters	gried by the Consultant	in charge.
tor's Signature	information radiated by this	nould be m	ade to discuss de	ecisions at a suitable po	in charge. int thereafter.
tor's Signature	information redacted by USI and	hould be m	me discuss de	ecisions at a suitable po	in charge. int thereafter. ate
ntersigned (Consul	into matter reducted by the con-	Print Na	ade to discuss de	ecisions at a suitable po	int thereafter.

Name		nic / Decision to list 15 00 1
	Consultant	WIT-557
D.O.B.		401512
H&CN	Specialty	1/1
***	R LIPCOVA POMINION	UROZOGY
Please DO NOT lis	R URGONG BOCKABIC st a Patient for surgery if further tes	C USI XXX
Diagnosis:		ts or assessments are needed
Procedure:	PER URGICRIC & RENI	52 CBICULI
KIBHG RICA	& PLEXIBLE LIREGERS	
Estimated Duration of Surgery:	Additional Comments / Instructi	LEDIC LITHOTRIPSY
2 HOURS	FOR LIC / KINGSBI	
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0.086 7111
Urgency	Anaesthetic Type	IF NOT
Please tick appropriate box	Please tick appropriate box	IF NOT suitable for day of surgery
Red Flag		admission – please state & give reason
Urgent V	General / Spinal	
Planned	Sedation	
Autobassia (India Autobas) (In	Local	
Intended Management	Place note that unless to the	
Please tick appropriate box	patient will be shared across th	ted below, for scheduling purposes the
Day Case	The second of th	
npatient	Please detail if the patient is req	uired to be admitted to:
Patients should be listed as a day cas	6	
febalistantian in f	Specific Site Requirement	JC LRAW
f the intention is for no overnight sta	specific Site Kedairement	AS ABOVE
f the intention is for no overnight sta ollowing surgery. It does not matter which ward or unit they are admitted the Patient on any Anti-Coag	Specific Unit Requirement	No D Vac D Acques TE
f the intention is for no overnight state of the intention of the intentio	Specific Unit Requirement Specific Consultant Specific Unit Requirement Please advise Unit Note In	No Yes ASPIRIN 75) If the action required: licate the bleeding risk of the procedure. Patient should either: aily 7days prior to surgery s normal ppy, thyroid, parotid or parathyroid spirin 7 days prior to surgery
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