Name:	Patient 105	rite details	Date of Clin	ic / Decision to list	111 00 10
	Information redact	ed by the USI	Consultant		VII-557
		•••••••	Specialty		FILLOK
H&C No					UROLOGY
Please	* A FOR e DO NOT list	R URGONG B a Patient for surgery	COKABA	Z UST XXX	CINCICEY
And the state of t			ACCESS TO A STATE OF THE STATE	is or assessments a	re needed
Procedure:	SHU UPP	CR LIRACA C	BLULL		
KEN	10000 OF	STENT OF RI	IGUA DIC	X. URETICR.	MARCOIN
Estimated Duration		Additional Com	ments / Instruction	ons:	MHOIRIE
LK HOUS	<u>(S</u>	FOR ADM	ISSION G	OD. H. Hox	DION
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Urgency		Anaesthetic T		IF NOT suitable fo	r day of
Please tick approprie	ite box	Please tick appropriat	te box	admission - pleas	e State & give rese
Urgent \	/				e state a give reas
Routine		General / Spinal	V		
Planned		Sedation Local			
A series industrial description and their		LUCAI		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Intended Manag		Please note, tha	t unless indicat	ed below, for schedu	ing numa
Please tick approp	riate box	patient will be s	hared across the	e Trust.	me barboses tue
Day Case		Please detail if th	ne patient is requ	uired to be admitted	
Inpatient	<u> </u>	United States		anca to be admitted (0:
Patients should be liste if the intention is for ne	ad as a day case	Specific Site Rec	quirement	DUU	
following surgery. It do	oes not matter	Specific Unit Re		LICYCO A	
which ward or unit the	y are admitted to			1 revery	
If yes, please indic	ate if patient is	lation Or Anti-Platel s on any of the medical PLEASE TU	tions below and	No Yes Y the action required: icate the bleeding risk	of the procedure.
Aspirin 300mg?	J			Patient should eithe	
		a. Rec	duce to 75mg da	ily 7days prior to sure	ery (
		D. Cor	ntinue to take as	normal (
		c. Sho	ulder arthrosco	py, thyroid, parotid or	parathyroid
		surg	gery – stop all as	spirin 7 days prior to s	urgery 🗌
Clopidogrel or Pras	ugrel?	Please advis	se:		
		The state of the s			
	garana an	a. Pati	ent has had ster	iting within the nast w	ear thus Sure
		31100	nu contact Card	nting within the past y	
		31100	nu contact Card	1010gist to advise	A CAR THE STATE OF THE STATE OF
Dabigatran, Rivarox	aban or Apixal	b. Patie	ent should disco	ntinue 7days prior to	
Dabigatran, Rivarox	aban or Apixal	b. Patie	nu contact Card	ntinue 7days prior to	
Dabigatran, Rivarox tex Allergy? No ☑	7	b. Patie	ent should disco	ntinue 7days prior to ce and SPC.	A CAR THE STATE OF THE STATE OF
tex Allergy? No ☑	Yes 🗆	b. Patie	to Trust Guidan MRSA?	ntinue 7days prior to	
	Yes 🗆	b. Patie	to Trust Guidan	ntinue 7days prior to ce and SPC.	Surgery 🗀
tex Allergy? No 🗹 abetic? No 🇹 A decision to add	Yes If ye	b. Patie	to Trust Guidan MRSA? N	ntinue 7 days prior to ce and SPC. Yes Tablet Tablet	Surgery Diet
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Patient 104	te details	Date of Clin	ic / Decision to list	14.02 24-
Name:		Consultant		WII-55/1
D.O.B.: Personal Information redaction USI	ted by the			FIRM O BRIG
H&C No		Specialty		/ lemocy
Please DO NOT list	R LIRGON P a Patient for surger	COKABLO v if further tes	LAST XXX its or assessments a	re needed
Diagnosis:	6			
Presedure O	OR MRDOM CASS	<i>WAI</i>		
Procedure: RONOVA OF S	STENT & FLOX	. URGACI	rosorbic /16	UMRIDEV
Estimated Duration of Surgery:		nments / Instruct		1111
2 HOURS	UIC OR	KINESBK	21066 OR 1/1	<i>1</i> +
Urgency Please tick appropriate box	Anaesthetici Please tick appropri	and and analysis of the contract		or day of surgery
Red Flag	rieuse tick approprie	ute box	aumission – piea	se state & give reason
Urgent	General / Spinal			
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Planned	Local			- the same and the training
The second secon	Please note, t	hat unless indic	ated below, for sched	uling nurnoses the
Intended Management Please tick appropriate box		shared across		uning purposes the
Day Case	Please detail if	the patient is r	equired to be admitted	d to:
Inpatient				
Patients should be listed as a day ca if the intention is for no overnight st	specific site i		AS ABOU	C
following surgery. It does not matte	Specific Unit			
which ward or unit they are admitte	d to. Specific Cons	ultant		
Is the Patient on any Anti-Coa	gulation Or Anti-Pla	telet Therany	P No ♥ Yes □	
If yes, please indicate if patie				4.
- Warfarin?	PLEASE	TURN OVER &	indicate the bleeding	risk of the procedure.
- Aspirin 300mg?	Please :	advise whether	the Patient should ei	ther:
	a.		g daily 7days prior to	surgery 🗍
			ke as normal oscopy, thyroid, paroti	d or parathyraid
			all aspirin 7 days prior	
Classide and as Description				
Clopidogrel or Prasugrel?	Please a a.		stenting within the pa	est year thus Surgeon
			Cardiologist to advise	
	b.	Patient should	discontinue 7days prio	r to surgery 🔲
Dabigatran, Rivaroxaban or A	pixaban? Please r	efer to Trust Gu	idance and SPC.	
Latex Allergy? No ✓ Yes □)	MRSA	? No 🗹 Yes 🗆	
Diabetic? No Ves) If yes, how is the dial	betes controlled	d? Insulin ☐ Tab	let 🗍 Diet 🗍
A decision to add a patient to the Consultant is not available	e, then arrangements shou			
Personal information of the Pe	ation redacted by USI	rint Name	10 Brical	Date 07.06.2
Reustion signed (Gensultant)	le e	y Services Inquiry.	Diam.	Date
TO THE WIGHT IT	93	, asi noos inquiry.		

Patie Personal Information	redacted by the USI	Date of Clin	ic / Decision to list	13.05.20
Name		Consultant		WI 1-55/
D.O.B		Cassielty		AU BRIEN
H&C 1		Specialty		/ longer
XXXF	OK URGONASA	PORKARI	CIER XXX	L CROWBY
COUNTY AND A PROPERTY OF THE PROPERTY OF A STREET OF THE PROPERTY OF THE PROPE	OK URGONG F st a Patient for surgery	if further tes	sts or assessments a	re needed
Diagnosis: RICHA / 18	RETURNIC COSLO	1111		
Procedure:				
NIGHT UR	eneroscopic	<u>LASCR</u>	LITHOTRIDS	N SOWING
Estimated Duration of Surgery:		ments / Instruct		DUU
<u> </u>	IPOR UI	C OK KIN	BODINGE UK	7711
Urgency	Anaesthetic	Type	IF NOT suitable f	or day of surgery
Please tick appropriate box	Please tick approprie	Charles and the control of the contr		se state & give reason
Red Flag			A THE SHAPE STATE	
Urgent	General / Spinal			
Routine Planned	Sedation			
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	□ Please note ti	sat unless india	ated below, for sched	loline accessos et
Intended Management Please tick appropriate box	patient will be			iuling purposes the
Pay Case			equired to be admitte	d to:
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atients should be listed as a day o		Requirement	ASXIBO)G
the intention is for no overnight ollowing surgery. It does not mate		Requirement		
which ward or unit they are admitt	0.00	ultant		
s the Patient on any Anti-Co	agulation Or Anti-Plat	elet Therapy	? No ☑ Yes □	
If yes, please indicate if pati	ent is on any of the medi	ications below (and the action required	d:
Warfarin?	DIFASE	TURN OVER &	indicate the blooding	risk of the procedure.
	· teas	IOMI OTEN &	mulcate the piecums	risk of the procedure.
Aspirin 300mg?			the Patient should ei	
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			ke as normal	
			oscopy, thyroid, paroti all aspirin 7 days prior	
		ourgery stop	an aspirin 7 days prior	to surgery (
Clopidogrel or Prasugrel?			to Experience (section)	
			stenting within the pa Cardiologist to advise	
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			alseolitiliae 7 days pho	r to surgery
Dabigatran, Rivaroxaban or	Apixaban? Please re	efer to Trust Gu	uidance and SPC.	
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atex Allergy? No W Yes (MRSA	No ☑ Yes □	
Diabetic? No 🗹 Yes 🕻	If yes, how is the diab	etes controlled	d? Insulin 🗍 🗆 Tab	let Diet D
A decision to add a nation	t to the waiting list must be o	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
If the Consultant is not availab	le, then arrangements shoul			
Personal informat octor's Signature	ion redacted by USI	int Name	60	Date 046/0
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euntersigned (Consultant)	u,	Services Inquiry.		Date
COCCUSED THE WILLIAM IN THE STREET	9)	y dervices inquiry.		Date