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Name	Consultant	WIT-59257
D.O.B.	<u> </u>	ACM Strick
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Please DO NOT list a	URGONG BOKABIC Patient for surgery if further tes	USI XXX
Diagnosis: PICLIC (1999)	0 11000	
Procedure:	R UREGERIC & ROYA	52 CBICULI
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Urgency	Anaesthetic Type	IF NOT suitable 6
Please tick appropriate box	Please tick appropriate box	IF NOT suitable for day of surgery admission – please state & give reason
Red Flag		please state & give reason
Urgent V	General / Spinal	
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Intended Management Please tick appropriate box	nations will be about	ed below, for scheduling purposes the
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Inpatient	Please detail if the patient is req	uired to be admitted to:
Patients should be listed as a day case	Specific City C	
if the intention is for no overnight stay	Specific Site Requirement	AS ABOVE
following surgery. It does not matter which ward or unit they are admitted to.	Specific Unit Requirement Specific Consultant	
which ward or unit triey are admitted to.	Specific Consultant	
Is the Patient on any Anti-Coagula If yes, please indicate if patient is Warfarin? Aspirin 300mg?	on any of the medications below and PLEASE TURN OVER & ind Please advise whether the	icate the bleeding risk of the procedure.
	a. Reduce to 75mg da	aily 7days prior to surgery
	to take a	s normal U
	surgery – stop all a	ppy, thyroid, parotid or parathyroid spirin 7 days prior to surgery
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