ratient	ent 104 e details	Date of Clinic	/ Decision to list	41-0223A
	on redacted by the USI	Consultant		A. 1312
D.O.B.:		Specialty		FIRM DRIEN
H&C No		Specialty		/ PROCY
XXX	FOR LIRGON OT list a Patient for surger	BOOKABLE	HST XXX	CARGOO
	OT list a Patient for surge	y if further test	s or assessments a	re needed
Diagnosis:	UPPOR ARBOA CK	CULI		
Procedure:	20			
Estimated Duration of Surg	OF STENT & FLOX			HORRIPSY
2 HOURS		nments / Instruction		14
		· //mean	we ex yr	
Urgency	Anaesthetic	Type	IF NOT suitable fe	or day of surgery
Please tick appropriate box		Washington and the Control of the Unit William		se state & give reason
Red Flag				
Urgent V	General / Spinal Sedation			
Planned	Local			
A CONTRACTOR OF THE PROPERTY O			· Les	
Intended Managemer	nt Please note, t	hat unless indica	ted below, for sched	uling purposes the
Please tick appropriate b	era a	e shared across t		
Day Case	Please detail i	f the patient is re	quired to be admitted	I to:
Inpatient V				
Patients should be listed as a if the intention is for no over	pight star	Requirement	AS ABOU	(
following surgery. It does no	specific Unit	Requirement		
which ward or unit they are a	Specific Cons	ultant	344	
Is the Patient on any An	ti-Coagulation Or Anti-Pla	stalet Therapy2	No EV Voc D	
	f patient is on any of the med			
	, padencie on any of the med	nedelons below di	ia the action required	
- Warfarin?	PLEASI	ETURN OVER & i	ndicate the bleeding	risk of the procedure.
- Aspirin 300mg?	Please	advise whether t	he Patient should eit	her:
	a.	Reduce to 75mg	daily 7days prior to s	urgery 🗍
	b.	Continue to take	THE REPORT OF THE PARTY OF THE	
	C.		scopy, thyroid, parotic I aspirin 7 days prior t	
			. aspiriti / uays prior	o surgery (
- Clopidogrel or Prasugre		THE REPORT OF THE PARTY OF THE		
	a.		stenting within the pa	
	b .		ardiologist to advise (scontinue 7days prior	
				,
- Dabigatran, Rivaroxaba	n or Apixaban? 🔲 Please i	refer to Trust Gui	dance and SPC.	
Latex Allergy? No ☑	Yes 🗌	BADC 13	N- W- C	
and the Carlo Maria and A		MRSA?		
Diabetic? No ✓	Yes If yes, how is the dia	betes controlled	? Insulin 🗍 Tabl	et 🗍 Diet 🗍
	patient to the waiting list must be			
If the Consultant is not a	available then arrangements sho sonal Information redacted by the USI	uld be made to discu	uss decisions at a suitable	point thereafter.
Doctor's Signature	F	rint Name	OBIEIEN	Date 07.06.20
Geventer sign and I hie metalland	ts on 11/07/2022. Annotated by the	Urology Services Inqu		Date

Patien Personal Information r	redacted by the USI Date of Clinic / Decision to list 17.05.02				
Name:	(1 ² × 1	Consultant	Y	11-34472	
D.O.B.				AU BRICK	
H&C N		Specialty		UROLOGY	
Please DO NOT list	R URGONT BO a Patient for surgery in	Further tes	LUST XXX ts or assessments a	e needed	
Diagnosis:	GERIC CALCU			A PROCESSION AND AND AND AND AND AND AND AND AND AN	
Procedure: RIGHA (1RC	TEROSCOPIC	LISCR	LITHIYARIIX	V DEGGROOME	
Estimated Duration of Surgery:	Additional Comm		ions:	DIII	
1/1-1/UIX	I FUR DIC	OKKIN	GOBKIUGE OK	VIAH	
Urgency	Anaesthetic Ty	pe	IF NOT suitable for	or day of surgery	
Please tick appropriate box	Please tick appropriate	box	admission – pleas	se state & give reason	
Red Flag Urgent	General / Spinal				
Routine	Sedation Sedation	Y			
Planned	Local				
Intended Management Please tick appropriate box	Please note, that patient will be sh		ated below, for sched the Trust.	uling purposes the	
Day Case	Please detail if th	e patient is re	equired to be admitted	I to:	
Inpatient					
Patients should be listed as a day cas if the intention is for no overnight sta	Specific Site Net		AS XBO) <u>C</u>	
following surgery. It does not matter	Specific Unit Re	AND A SECURE OF THE PARTY OF TH	950 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
which ward or unit they are admitted	Specific Consult	ant			
Is the Patient on any Anti-Cose	eulatian On Anti Blatal	ATTI- S			
Is the Patient on any Anti-Coas					
If yes, please indicate if patien	t is on any of the medica	tions below o	ina the action required	<i>[</i>	
- Warfarin?	PLEASE TU	JRN OVER &	indicate the bleeding	risk of the procedure.	
- Aspirin 300mg?	Please adv	vise whether	the Patient should eit	her:	
			g daily 7days prior to s	urgery 🗌	
			e as normal 🔲		
			scopy, thyroid, parotic		
	3u	igery – stop a	Ill aspirin 7 days prior i	o surgery 🗀	
- Clopidogrel or Prasugrel? Please advise:					
			stenting within the pa		
			Cardiologist to advise (liscontinue 7days prior		
			iscontinue 7 days prior	to surgery	
- Dabigatran, Rivaroxaban or Ap	oixaban? 🗌 Please refe	r to Trust Gu	idance and SPC.		
Latex Allergy? No V Yes		MRSA	? No 🗹 Yes 🗆		
Diabetic? No ✓ Yes ☐	If yes, how is the diabet	tes controlled	l? Insulin 🗌 🛚 Tabl	et Diet 🗍	
A decision to add a patient to If the Consultant is not available Personal Inform					
Doctor's Signature		t Name	B. Brian	Date 07.06.2	
Countaries and ICar		X	CA MICH	-11.00.70	
Geverter sien schliffer successor	e Uro	logy Services Ind	quiry.	Date	

Patient Details - Affix Addresses	dacted by the US	Date of Clinic / Decision to list 4/55/23			
Name:	Consultant	W 1345/73			
D.O.B.		TO BRICK			
H&C N	Specialty	Urozogy			
Please DO NOT lis	LIRGON BOOKABLE LI t a Patient for surgery if further te	Sts or assessments are needed			
Diagnosis: RIGHT UPP	CR TIRACT OBSTRUCTI	D)))			
Procedure: RCMOVAL OF	Additional Comments / Instruction	CROSCEDIC LIGHTOGRIDSY			
Estimated Duration of Surgery: 1 HOUR	Additional Comments / Instruction FOR UIC OR KIN	WORLDGE OR DHH			
Urgency	Anaesthetic Type	IF NOT suitable for day of surgery			
Please tick appropriate box	Please tick appropriate box	admission - please state & give reasor			
Red Flag					
Jrgent 🗸	General / Spinal V				
Routine	Sedation				
Planned	Local				
Intended Management Please tick appropriate box	Please note, that unless indi patient will be shared across	cated below, for scheduling purposes the the Trust.			
ay Case	Please detail if the patient is	required to be admitted to:			
npatient					
atients should be listed as a day c	opecitie site itequiteries	AS ABOVE			
the intention is for no overnight sollowing surgery. It does not matter	2060 He Hannik Ennik Einen				
hich ward or unit they are admitt					
	agulation Or Anti-Platelet Therapy				
If yes, please indicate if pati	ent is on any of the medications below	and the action required:			
Warfarin?	PLEASE TURN OVER 8	indicate the bleeding risk of the procedure			
Aspirin 300mg?	Please advise whether	r the Patient should either:			
	a. Reduce to 75	ng daily 7days prior to surgery 🗍 💮 💮			
	b. Continue to to				
	그도 그리는 그는 그 이 전에 전상이 하는 것이 되었다. 그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	roscopy, thyroid, parotid or parathyroid			
	surgery – stop	all aspirin 7 days prior to surgery 🗌			
Classidades or Description) Please advise:				
Clopidogrel or Prasugrel?		d stenting within the past year thus Surgeon			
		t Cardiologist to advise			
		I discontinue 7days prior to surgery			
Dabigatran, Rivaroxaban or	Apixaban? Please refer to Trust G	Buidance and SPC.			
atex Allergy? No V Yes	☐ MRS	SA? No ☑ Yes □			
Diabetic? No V Yes	If yes, how is the diabetes controll	ed? Insulin 🔲 Tablet 🗍 Diet 🗍			
<u> </u>					
A decision to add a patien	t to the waiting list must be discussed and collection arrangements should be made to d	ountersigned by the Consultant in charge. iscuss decisions at a suitable point thereafter.			
Personal In	formation redacted by the USI	100			
octor's Signature	Print Name	HO BRICAL Date 07:06			
seiver from Melarie Messus and	Urology Services In	nguiry Date			

Quarty Citra - for you, with you