

Dear Dr.....
Your patient was admitted for endocrine imaging

Admitted:

Discharged:

Date of test:

Name :
Hospital Number:
Date of Birth:
Address:

Telephone Number(s):

Diagnosis:

Drugs:

Imaging requested:

Interpretation

Next OPA

Signed:

Name:

Date:

**Endocrine Unit
Charing Cross Hospital
Fulham Palace Road
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