

**The Hammersmith Hospitals NHS Trust
The Sir John McMichael Centre for Clinical Investigation and Research**

Patient Name, Address AND Date of Birth (Or affix addressograph Label)			
Hospital No.		Consultant	Todd
Pt Tel No.	Home:	Work:	
Specific disabilities			
Diagnosis			

Title of study, test or treatment	CONSENT : GIVEN / NEEDED / NOT NEEDED		
Daycase (D)	/ Nighttime (N)	/ Sequenced (S)	/ Recurring (R)
Imaging pre-booked			
NO DOCTOR REQUIRED			
		LRCC No. (If research)	/
Requested by		Bleep	Extension

(Please tick)

Bed C4	<input checked="" type="checkbox"/>	Admit Date	/ /
Recliner C4		Admit Time	09 :00
ABPM		Discharge Date	/ /
Any room available on C2		Discharge Time	13:00
C2: Consulting Room 1		Own Transport	<input checked="" type="checkbox"/>
C2: Single Room		Hospital Transport	
C2: Clinical Pharmacology		Date	/ /
C2: Consulting Room 2		Sign	
C2: Interview room			
C2: Quiet Room			
C2: Pt Monitoring			
<small>(Office Use Only) Date received and signature</small>			

Please return to reception on C2. NB no requests accepted less than 24 hours prior to appointment. To discuss this request contact, Head Nurse Jo Studham on bleep 9181 / Extension 38077, Senior Sister Nicola Bowers on bleep 9135 / ext 33350 or Senior Charge Nurse Alastair McBain on bleep 9135 / extension 38070.

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
Hammersmith Hospital
Du Cane Road
London W12 0NN
Tel: 020 83834823, Fax 020 83833360**