

FAX COVER SHEET
For Referral Letter

REQUEST FORM FOR URGENT REFERRAL OF PATIENTS WITH SUSPECTED CANCER WHICH MEET THE GUIDELINES FOR AN APPOINTMENT WITHIN TWO WEEKS

FAX NUMBER

All 2/52 wait referrals to: 01707 365414

Referring GP details
GP Name:
GP Practice

Patient details
Forename:
Surname:
Address:
Postcode:
DOB:
NHS Number:
Daytime Tel/Mobile:

Suspected Cancer Site:

Lung Cancer	θ LNGU	Upper GI	θ UGIU	Gynaecological	θ GYNU
Urological	θ UROU	Lower GI	θ LGIU	Haematological	θ HAEU
Breast Cancer	θ BRSU	Head & Neck	θ HANU	Sarcoma	θ SARU
Skin Cancer	θ SKNU	Brain	θ BRNU	Testicular	θ TSTU

The East & North Hertfordshire NHS Trust will not accept urgent cancer referrals by any other route. Please complete all details on this form including suspected cancer site and patient telephone number to avoid delay in an appointment being offered. Fax to the above number with the referral letter.

Date:

Signature of person completing form: