



U.R. Number .....  
 Surname .....  
 Given Name(s) .....  
 Date of Birth .....

**AFFIX PATIENT LABEL HERE**

CLINICAL REFERRAL     Opinion     Opinion & Treatment     Management  
 URGENT (Next Clinic)     SEMI URGENT (Within 2-3 Weeks)     ROUTINE (Next Available)  
 LENGTH OF REFERRAL     3 months     12 months     Indefinite

TO **Ambulatory Care Centre F5568** FROM: ..... **Urology** .....

CLINICAL NOTES: (Orders to be faxed and originals sent via internal mail to ACC or placed in patient history)

**Please admit for Urology review and removal of indwelling catheter**

**Patient diagnosis:** .....

**Timeframe or Date for Admission:** \_\_\_\_\_ week/s or \_\_\_\_/\_\_\_\_/2010

If patient fails trial of void, please contact: **Urology Resident p1682/p1812**

Date \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_ H.M.O. Printed Name ..... H.M.O. Signature .....  
 Provider No. .... Pager No. ....

**CONSULTATION REPORT**

**Special Instructions:**

|   |            |
|---|------------|
| Urology Registrar: Dr Peter Wong                      | Pager 6042 |
| Urology Registrar: Dr Joseph Ischia                   | Pager 8886 |
| Urology RMO   | Pager 1682 |
| Urology RMO   | Pager 1812 |
| Urology Nurse Consultants<br>Robyn Bolger & Cara Webb | Pager 2996 |

I am / am not willing to take over care of the case  
 (Cross out whichever does not apply)

CONSULTANT'S Signature.....

Please write clearly and record signature

(Continued overleaf)



FAH022600