

Request for Fertility Preservation for Patients Undergoing Medical Treatment

To be completed by referring Clinician/Hospital -

To avoid delay please complete ALL sections of the form

Patient Name:

DOB:

NHS Number:

--	--	--	--	--	--	--	--	--	--	--	--

Address:

Home Phone No: Mobile:

Email:

Does the patient have children? Yes / No

If yes they may not be eligible for NHS funding. Please check local CCG criteria

INVOICE DETAILS

NHS Funding Body (CCG):

IFR reference number for funding:

GENERAL PRACTITIONER DETAILS	REFERRING CONSULTANT
<u>Name</u>	<u>Consultant</u> <u>Nurse</u>
<u>Address</u>	<u>Address</u>
<u>Contact Details</u> Tel: Fax: Email:	<u>Contact Details</u> Tel: Fax: Email

Diagnosis:

Proposed treatment:

Intended treatment commencement date:

Please forward the referral and completed referral checklist to Bourn Hall Clinic:

Email: bournhall.referral@nhs.net (preferred for urgent referrals)

Fax: 01954 717 259

For any enquiries, please contact our Patient Services team on 01954 717 210