

PLEASE ATTACH- PLEASE TICK ALL BOXES THAT APPLY

	YES	NO	N/A
Referral Letter (This can follow but must arrive within 5 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDT Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Scan Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PET CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Histology Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent Blood Results (Including PSA for CAP Patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holistic Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Target Information should be sent directly to patient trackers at: UrologyCancer.MDT@Southend.nhs.uk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flow Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERRAL FOR CONSIDERATION OF- PLEASE TICK ALL BOXES THAT APPLY

IEP All Images – If you have difficulty transferring images we will request these once we have registered the patient onto our system.	<input type="checkbox"/>
Histology Slides	<input type="checkbox"/>
Other	<input type="checkbox"/>

Many thanks, we will contact you to confirm receipt of this referral.

Any problems please contact CNS office on 01702 385369 or Email upc.suhft@nhs.net