

Date of referral

I wish to refer the following patient to :      Mr Ali Bajwa     

Mr Richard Villar     

Patient details

Patient name	
Date of birth	
Address and postcode	
Contact number	
Email address	

Is the patient insured?      Yes            No     

GP details

GP name	
Address	
Telephone/Fax	
Email	

Referral details to be completed by GP:

Consultant

Ali Bajwa            Richard Villar     

**Relevant clinical information**

Please advise us of any symptoms, findings, relevant medical history or conditions. Please send this information with your referral letter.

On receipt of this referral, The Villar Bajwa Practice will contact your patient to arrange the appointment directly.

Level of urgency:

This week     

Within next two weeks     

Within next month     

When possible     

Earliest appointment available     

Has the patient had any imaging carried out? Please indicate the type of imaging and the date.

MRI            Date \_\_\_\_\_

X-Ray            Date \_\_\_\_\_

CT            Date \_\_\_\_\_