

VILLARBAJWA

P R A C T I C E

Private referral form

Date of referral

I wish to refer the following patient to :

Mr Ali Bajwa

Mr Richard Villar

Mr Aslam Mohammed

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

Aslam Mohammed

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 _____