

# Cork University Hospital

## Consult Request to:

Patient Label

Date of Referral:        /        /

Referring Consultant:

Referring Doctor:

Contact Bleep:

Patient Location:

Ward

Bed:

Date of Admission:    /        /        Date of (Suspected) Diagnosis:    /        /

---

Relevant Details of Presentation/History

---

Relevant X-ray / Imaging / Other Investigative Findings:

---

(Suspected) Diagnosis:

---

Treatment to Date:

---

Purpose of Referral: