

REFERRAL FORM-CORK ORAL AND MAXILLOFACIAL SURGERY (OMFS)
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How To Make An OMFS Referral

ALL REFERRALS MUST BE DISCUSSED WITH AND ACCEPTED BY THE OMFS DOCTOR ON CALL

CONTACT VIA CUH SWITCH (TEL 021 4922000)

ONLY PATIENTS WITH AN APPOINTMENT & COMPLETED REFERRAL FORM WILL BE REVIEWED

**PATIENT
LABEL**

MUST INCLUDE MRN/RID/DOB

PATIENT PHONE NUMBER(S):

DATE OF REFERRAL/CONSULT:

DOCTOR ACCEPTING REFERRAL (BLOCK CAPITALS):

REFERRING DOCTOR (BLOCK CAPITALS):

REFERRING HOSPITAL (BLOCK CAPITALS):

DATE OF INJURY, DETAILS OF INJURY & EXAMINATION:

X-RAY / IMAGING RESULTS:

(SUSPECTED) DIAGNOSIS:

TREATMENT TO DATE:

REASON FOR REFERRAL:

ANY OTHER INJURIES:

ANY SPECIAL REQUIREMENTS / KNOWN INFECTIONS (E.G. MRSA) ETC.:

NAME & ADDRESS OF PATIENT'S GP:

OMFS OPD CLINIC APPOINTMENT

DATE: / /

TIME:

PLEASE COMPLETE THE CHECKLIST BELOW AND GIVE THE PATIENT THIS REFERRAL FORM PRIOR TO DISCHARGE **THIS**
FORM IS ALSO TO BE SENT TO THE OMFS DOCTOR ONCALL

PATIENT ACCEPTED BY OMFS DOCTOR ON CALL

YES

TETANUS PROPHYLAXIS ADMINISTERED IF APPLICABLE

YES

NOT INDICATED

ANTIBIOTICS/ANALGESIA PRESCRIPTION PROVIDED TO PATIENT

YES

NOT INDICATED

RADIOLOGICAL IMAGING AVAILABLE VIA PACS/NIMIS/DISK

YES

NOT INDICATED