

CORK UNIVERSITY HOSPITAL
Emergency Department



Referral Request to: / Fracture Clinic / Review Clinic / Dressing Clinic / Soft Tissue Clinic

Patient Label

Date of Referral: / /

Date of Injury: / / **Date of (Suspected) Diagnosis:** / /

Details of Incident:

X-ray / Imaging Results:

(Suspected) Diagnosis:

Treatment to Date:

Additional Information:

Referring Doctor (BLOCK CAPITALS)

Patient's General Practitioner:
Address of GP:

FOR OFFICE USE ONLY:

Date and Time of Appointment:

Signed:

N.B. PATIENT WILL NOT BE REVIEWED WITHOUT THE RELEVANT DOCUMENTATION AND X-RAYS.