

# DOCTOR'S REFERRAL LETTER

Date .....

This is to confirm the arrangements made for:

.....  
to be admitted to hospital on .....

Provisional Diagnosis .....

Clinical Resume (including allergies) .....

..... Patient Weight 120kg

History of Multi Drug Resistant Organisms: Status Known Yes / No Details .....

Infectious Risk Alert Yes / No Details .....

Planned Operation/Treatment .....

Planned Anaesthetic: GA  ALA  LA  Topical  OVERNIGHT STAY

Specific Pre-operative instructions .....

Item Numbers .....

<b>PRE OPERATIVE TESTS REQUIRED</b>	Please Arrange	Arranged by Doctor	<b>EQUIPMENT DETAILS</b>	
E.C.G.			Implantable device to be used	Yes / No
Pathology			Will the prosthesis used attract a gap	Yes / No
Other			If so, prosthesis gap estimate	\$
			Has informed financial consent been provided?	Yes / No
			Patient Signature	

CURRENT MEDICATIONS	Dosage	Frequency

MO Signature

PATIENT ID LABEL

MRN .....

Surname .....

Other Names .....

D.O.B. ....



## CONSENT TO SURGICAL TREATMENT

I, Dr ..... have discussed with  
 ..... D.O.B. / /

the need for him/her to have the following procedure .....

We discussed what alternatives are available; the nature and risks of this procedure; the risk that it may not give the expected result, and the possibility of altered or additional procedures being required. We have also discussed the fact that the procedure may involve anaesthetics, medications and/or blood transfusions, and that these also carry risks. On the basis of this understanding, we agree that I perform, and he/she consent to, this procedure.

Doctor ..... (Name) ..... Date / /  
 (Signature)

➤ Patient ..... (Name) ..... Date / /  
 (Signature)

Interpreter ..... (Name) ..... Date / /  
 (Signature)

## CONSENT BY RELATIVE OR LEGAL GUARDIAN TO SURGICAL TREATMENT

I, Dr ..... have discussed with  
 ..... the legal guardian/relative of  
 ..... D.O.B. / /

the need for him/her to have the following procedure .....

We discussed what alternatives are available; the nature and risks of this procedure; the risk that it may not give the expected result, and the possibility of altered or additional procedures being required. We have also discussed the fact that the procedure may involve anaesthetics, medications and/or blood transfusions, and that these also carry risks. On the basis of this understanding, we agree that I perform, and he/she consent to, this procedure.

Doctor ..... (Name) ..... Date / /  
 (Signature)

➤ Relative/Legal Guardian ..... (Name) ..... Date / /  
 (Signature)

Interpreter ..... (Name) ..... Date / /  
 (Signature)