

MINOR PROCEDURES DIRECT ACCESS REFERRAL

Patient Details:

Name: _____

DOB: _____

Address: _____

Telephone: _____

GP Details:

Name: _____

Address: _____

Tel & Fax: _____

Email: _____

Priority

Soon

Routine

Medical Insurance:

VHI

Aviva

Quinn

Other

Self pay

Is the patient on

Warfarin

Aspirin

Plavix

Indication for treatment: _____

If on Warfarin, have INR done prior to procedure.

Is the patient Diabetic?

Type1

Type2

Procedure Required:

INDICATION

Pain

Duration of Symptoms: _____

Past Medical History: _____

Current Medications: _____

Pathology required Yes/No

Send results to