

SUPRAREGIONAL CENTRE FOR THE TREATMENT OF PRIMARY BONE & SOFT TISSUE TUMOURS

Hospital Referral of Suspected or Diagnosed Bone or Soft Tissue Sarcoma to RNOH

Referring Consultant: _____ Cons secretary Phone no: _____
 Referring Hospital: _____ Cons secretary Fax no: _____
 Date of Referral: _____ Cons secretary Email: _____

Form submitted by: _____	Contact Number: _____
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PATIENT DETAILS	
Name _____	Sex: M/F _____
NHS No. _____	
Date of Birth _____	Address _____

_____ Postcode _____	
Telephone _____	
Mobile number _____	

GP DETAILS	
Name of GP _____	
Address _____	

_____ Postcode _____	
Telephone _____	
Fax number _____	

PATIENT INFORMATION:

Is the patient? (please tick)

An Outpatient

Was patient an **URGENT GP CANCER REFERRAL?**

Please provide Cancer Waiting Time information in referral letter

An Inpatient

Please state ward name, telephone and fax numbers:

Is the patient aware of this referral? (please tick) Yes No

PLEASE EMAIL THIS REFERRAL FORM ALONG WITH THE FOLLOWING:

(please tick)

Referral Letter (on headed paper & outlining clinical details)

Previous history of cancer? (include details in referral letter)

Imaging and Reports: Via IEP? Via CD?

Histology Reports

MDT Office, The Sarcoma Unit,
Royal National Orthopaedic Hospital,
Brockley Hill,
Stanmore,
Middlesex, HA7 4LP
Tel: 020 8909 5112
rno-tr.CancerReferrals@nhs.net

Please note that we will not be able to fully process incomplete referrals and this may delay treatment You will receive an email confirming receipt of referral.

**For discussion at Fridays MDT Meeting all information must be complete and received by
3pm Wednesday**

If courier is being used to bring imaging please deliver to the above address. If out of hours, please ask courier to leave with Security at the Main Gate – it will be picked up from there

RNOH use: Date referral received _____ Date imaging received _____