



<p>RE: Patient Name:</p> <p>DOB:</p> <p>NHS number:</p>	<p>Address:</p>
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Fix and Send agreement

If accepted for emergency PNI surgery we, the referring hospital agree;

The above named patient is agreed to be admitted to the Royal National Orthopaedic Hospital under the care of the PNI Unit for the sole purpose of performing emergency PNI surgery. The patient will stay overnight for 1 night and transferred back to the referring hospital following surgical review. The bed at the referring hospital is to be held for this patient to accommodate this returning transfer. Both sections below must be signed. Exact dates will be confirmed following this accepted referral.

Referring surgical team			Referring surgical bed manager		
Print	Sign	Date	Print	Sign	Date

RNOH USE

Referral taken by:

Date received:

On Call Accepting Consultant:

Planned surgical procedure:

Planned surgical date:

Print

Sign

Date