



**Spire**

Cheshire Hospital

## Out-patient appointment form for insured / self-pay patients

As the patient's GP I wish to refer the following private patient for an out-patient consultation

### Referral details

Specialty	
Consultant <i>(tick box)</i>	<input type="checkbox"/> Please book an appointment with a consultant at next available date <input type="checkbox"/> Please book named consultant: <i>(please specify name)</i> <input type="checkbox"/> Appointment already been made with consultant

### Patient details

Patient name		Date of birth	
Address		Postcode	
Insured/self-pay?		Telephone No	

### Referrer details

Referrer name			
Address or stamp for practice			
Postcode			
Referrer's signature			

### Relevant clinical information

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Out-patient FAX referral line 0800 195 3572

If you have any queries please call 01925 215 087