

	Colour of form/Letter	Where	When	Telephone/Fax Number
2 Wk Breast Cancer				
2 Wk ENT Cancer				
2 Wk Gynaecology Cancer				
2 Wk Haematological Cancer				
2 Wk Lower GI Cancer (bowel)				
2 Wk Lung Cancer				
2 wk Lymph Node Clinic				
2 Wk Neurological Cancer				
2 Wk Paediatric Cancer				
2 Wk Skin Cancer				
2 Wk Upper GI Cancer				
2 Wk Urological Cancer				
Allergy Clinic				
Andrology Referral				
Antenatal Clinics				
Asthma clinics				
Audiology Referral				
Biochemistry				
Blood Test/Phlebotomist				
Bone Density Referral				
Breast Clinic Referral				
Cardiology Referral				
Chemist (Local)				
Child Health Clinics				
Child Protection Services				
Chiropody				
Colorectal Referral				
Counselling				
CT scan/MRI				
DECS				

	Colour of form/Letter	Where	When	Telephone/Fax Number
Dental Services				
Dermatology Referral				
Diabetic Clinics				
Dietician				
District Nurse				
Drug/alcohol detox				
Early Pregnancy Referrals				
ECG				
ECHO				
ENT Referral				
Exercise Tolerance Test				
Family Planning	Please attach Local Clinic Time Table			
Fertility Clinic				
Gastroenterology Referral				
GU (Sexual Health) Clinic	Please attach Local Clinic Time Table			
Gynaecology Referral				
Haematology				
Health Visitor				
Hearing Aid Referral				
Hospital referral				
Housing Letter				
Hypertension clinic				
Immunology				
Lipid Clinic Referral				
Mammogram Referral				
Maxillary Facial Clinic				
Microbiology				
Midwifery Service				
Minor surgery				
Neurology Referral				

	Colour of form/Letter	Where	When	Telephone/Fax Number
Obstetric Referral				
Occupational Therapy				
Ophthalmology Referral				
Orthopaedic Referral				
Pain Clinic				
Physiotherapy				
Plastic Surgery Referral				
Poisons Unit				
Post Natal Clinics				
Practice Nurses				
Private Certificate				
Private referral				
Psychiatrist				
Psychosexual Clinic				
Reception number				
Renal Clinic				
Respiratory Referral				
Results line (Blood Tests)				
Rheumatology Referral				
Semen Analysis				
Sleep Clinic				
Smear/Well woman clinics				
Smoking Clinic				
Social Services				
Speech and Language referral				
Surgery Bypass Number				
Surgery phone/Fax Number				
Surgical Referral				
TOP clinic				
Travel Vaccine/Advice				

	Colour of form/Letter	Where	When	Telephone/Fax Number
Urology Clinic				
Vascular Clinic				
Xray Secretary Reports				
X-Rays/Ultrasound				