EXTRACORPOREAL SHOCKWAVE THERAPY - PEYRONIES/ED

Bupa CROMWELL HOSPITAL

For completion by referring Consultant Urologist.
Please email to lithotripsy@cromwellhospital.com
Direct Fax: +44 (0)20 7835 2402
Telephone: +44 (0)20 7244 4860

London Lithotripter Centre
Bupa Cromwell Hospital 164-178
Cromwell Road
London SW5 0TU

PLEASE NOTE: INCOMPLETE REFERRALS WILL BE SENT BACK TO THE REFERRER

Patient's name:
DOB:
Telephone number:
Has patient consented to be contacted by telephone? Yes ☐ No ☐
Email:
Has patient consented to be contacted by email? Yes ☐ No ☐
(For office use only) MRN No..... 1st ESWT Tx ☐ Date ..... 2nd ESWT Tx ☐ Date ..... 3rd ESWT Tx ☐ Date..... 4th ESWT Tx ☐ Date.....

Absolute Contraindications

1. Open wound
2. Localised malignancy

Relative Contraindicationschecklist

Anticoagulant/platelet Therapy Yes ☐ No ☐

(i.e. Aspirin, Warfarin, Clopidogrel, Rivaroxaban, Apaxiban, ticagrelor, prasugrel)

CLINICAL INFORMATION
Erectile dysfunction ☐ 4 treatment sessions
Peyronies disease ☐ 3 treatment sessions
Previous management / treatment

Referring Clinician name (please print)		
Telephone Number.....	GMC number.....	Date.....
Referring Clinician signature		

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