

# Breast Care Service Referral Form

Cromwell  
Hospital

This form has been designed for GPs and specialists to support Breast Care diagnosis and treatment at Cromwell Hospital. It is a simple and straightforward process for authorising treatment for insured and self pay customers. Please follow the steps below:

- To book an appointment via email using this referral form, please email [appointments.team@cromwellhospital.com](mailto:appointments.team@cromwellhospital.com) or fax to 0207 835 2419
- To book an appointment via telephone for a patient, please call +44 (0)800 783 9229 and quote "Breast Care Service"
- To book an appointment via telephone for yourself, please call +44 (0)20 7460 5700 and quote "Breast Care Service"

## 1. Referral details

Referral type: Breast Care Service Referral

Referral to: Cromwell one-stop breast clinic

Address: Bupa Cromwell Hospital  
164-178 Cromwell Road  
London  
SW5 OTU

## 2. Referring doctor details

Name:

GMC:

Referring doctor (if different):

Telephone:

Fax:

Address:

## 3. Patient details

Patient ID:

Name:

Date of birth:

Telephone:

Email address:

Home address:

## 4. Registered GP details

Name:

Address:

Town:

Postcode:

## Brief clinical history and/or additional relevant behaviour

Doctor signature

Date

**Seen but may not be signed to avoid delay.**