

**KENT CCG PRIMARY CARE E.N.T. SERVICE
STURRY SURGERY 53 ISLAND ROAD
STURRY CANTERBURY
KENT CT2 0EF**

**PLEASE FAX TO 01708 748029 CENTRAL OFFICE
ENT CENTRAL OFFICE TEL NO: 01708 768281 FAX NO: 01708 748029**

PATIENT DETAILS

ROUTINE/URGENT

MR MRS MS

NAME:	D.O.B:
ADDRESS	
	POSTCODE:
TEL NO:	N.H.S. NO:

REFERRING GP/SURGERY:	
ADDRESS:	
	POSTCODE:
TEL NO:	FAX NO:

REFERRING CCG: PLEASE SPECIFY

CANTERBURY AND COASTAL CCG – 09E	SOUTH KENT COASTAL CCG – 10A	THANET CCG – 10E
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REASON FOR REFERRAL:

EAR

NOSE

THROAT

PAST MEDICAL HISTORY _____

ALLERGIES _____

CURRENT MEDICATIONS: _____

CT/MRI SCANS (DONE IN THE LAST YEAR) PLEASE ENCLOSE/FAX A COPY

Patients with chronic sinus problems should be referred with a C.T. scan of the sinuses.

Patients with unilateral tinnitus or unilateral hearing loss should be referred with an MRI scan of the skull base and brain.

SIGNED: _____ **PRINT NAME** _____ **DATE:** _____