

Greater Manchester and Oswestry Bone and Soft Tissue Tumour Service



Tel: 0845 – 8383429

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URGENT REFERRAL MUSCULO SKELETAL TUMOURS – 14 DAY WAIT

PATIENT DETAILS

NAME
ADDRESS

HOSPITAL NO

DATE OF BIRTH

CONTACT PHONE NO

GP DETAILS

NAME
ADDRESS

PHONE NO

FAX NO

DATE OF REFERRAL

GP SIGNATURE

MALIGNANCY SUSPECTED

SOFT TISSUE TUMOUR: > 5CM ENLARGING PAINFUL DEEP TO FASCIA LOCAL RECURRENT

PRIMARY BONE TUMOUR:

METASTATIC BONE TUMOUR: BREAST RENAL PROSTATE LUNG THYROID OTHER

SPINAL TUMOUR: REFER TO SPINAL SURGEONS

CLINICAL INFORMATION

PATIENT HISTORY

INVESTIGATIONS UNDERTAKEN

WHAT HAS THE PATIENT BEEN TOLD

PLEASE FORWARD ANY RELEVANT IMAGING AND / OR RESULTS

**PLEASE FAX THIS FORM TO THE MUSCULO-SKELETAL TUMOUR OFFICE
WITHIN 24 HOURS OF DECISION TO REFER. Fax: 0845 – 8383428**