



Surgical Clerk

Tel no: 9340 8523

Fax no: 9340 8114

Fax this form to Surgical Clerk.
CONFIRMATION RECEIVED BY FAX

To the Surgical Consultant,
Department of General Paediatric Surgery
Princess Margaret Hospital

Inguinal Hernia: Non-Obstructed Referral Form

Date: _____

1st referral / repeat referral

UMRN/addressograph/Name

Country / Metropolitan *(Please circle)*

Private / Public *(Please circle)*

Gestation at birth (weeks): _____ Birth weight (kg): _____

Inguinal Hernia: Left / Right / Bilateral *(Please circle)*

Will reach 36 weeks corrected age on: _____ *(insert date here)*

Likely date of discharge if known: _____

Chronic lung disease Yes / No

Other medical problems: _____

With thanks

Signed: _____

Print Name: _____ Referring Consultant: _____

Note: Referral to be confirmed by Senior Registrar / Consultant before faxing.

To contact Discharge Co-ordinator on 6458 2222, Page 3512.