



Cambridge Urology Partnership

Suspected Urological Cancer Referral Form

To make a referral, FAX this form to 01223 281271 or complete it and send it to: Cambridge Urology Partnership, Nuffield Health Cambridge Hospital, 4 Trumpington Rd, Cambridge, CB2 8AF. You may also fax/send an accompanying letter/ print out if you wish to do so. Cambridge Urology Partnership will contact the patient and make an appointment.

Appointments will be given within 1 week of referral.

DATE OF REFERRAL:

Form with two columns: 'The PATIENT' and 'REFERRAL INFORMATION please complete'. Fields include Surname, First Name, Address, DOB, Medical History, Medication, and Referral Information such as Macroscopic Haematuria, UTI, and PSA values.