

**HCA Booking Form  
ESWL – Urology**

The London Lithotripter Centre @ The Princess Grace Hospital  
42-52 Nottingham Place  
London W1U 5NY  
Tel – 020 7908 2081 / 2000 Fax – 020 7908 2010

**For Completion by Consultant – Please phone reservations on 020 7908 2001/2 to arrange scheduling**

Patient Name.....DOB.....

Address.....

.....

**X**.....

**G**.....

1<sup>st</sup> Tx date .....

2<sup>nd</sup> Tx date .....

3<sup>rd</sup> Tx Date .....

Please Tick relevant box if you can provide

Latest KUB  IVU  CT/MR  Reports

**Contraindication Checklist**

Absolute Contraindications Y N

Pregnancy

Relative Contraindications

Anticoagulant Therapy  
i.e. Aspirin, Warfarin, Heparin, Clopidrogel etc

Presence of Urinary tract infection

Stricture distal to stone site

Pacemaker

Abdominal Aortic Aneurysm

**Details of calculi to be treated/relevant medical history/drugs to be prescribed etc.**

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**PRESCRIPTION:**

**I prescribe for each course of Lithotripsy as follows:**

- Diclofenac 100 mg Suppository x 1  
Insert one suppository into the rectum as a single dose.

with

- Codydramol 500 mg tablets x 2  
Take two tablets as a single dose.

**Discharge medication:**

- Trimethoprim 200 mg tablets x 6  
Take one tablet twice a day for 3 days only

**If Pethidine is required, the RMO must prescribe it on the appropriate drug chart.**

**I have checked the allergy status of the patient. I have checked the contraindications and compatibility with current medications for the medicines used (as prescribed above) in this patient.**

Referring Consultant name (please print) .....Contact Tel. No.....

GMC Number.....Date:.....

Referring Consultant signature .....

**IF THIS FORM HAS BEEN FAXED, PLEASE ENSURE THE ORIGINAL FORM IS SENT TO THE LITHOTRIPSY CENTRE WITHIN 48 HOURS.**