

HCA Booking Form

ESWL - Urology

For completion by consultant

Please phone Reservations on 020 7908 2001/2 for scheduling

THE LONDON
LITHOTRIPTER CENTRE



THE PRINCESS GRACE HOSPITAL

part of HCA Healthcare UK

42-52 Nottingham Place
London W1U 5NY

Patient Name:

DoB:

Address:

.....

Telephone number:

Email:

Hospital No: **X**..... **G**.....

1st Tx date:

2nd Tx date:

3rd Tx date:

Please tick relevant box if you can provide:

Latest KUB CT/MR

IVU Reports

Contraindication Checklist: (please tick)

YES NO

Absolute Contraindications

• 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.

Prescription:

I prescribe for each course of Lithotripsy as follows:

• Diclofenac 100mg Suppository x 1 (Insert one suppository into the rectum as a single dose) **WITH**

• Codydramol 500mg tablets x 2 (Take two tablets as a single dose)

Discharge medication:

• Trimethoprim 200mg 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):

Tel. no GMC number Date

Referring consultant signature:

If this form has been faxed, please ensure that the original form is sent to the London Lithotripter Centre within 48 hours.