Clinician Referral Form*

Focus Medical Diagnostics
Address: Unit 2/3 Croft Road Industrial Estate, Newcastle under Lyme, Staffordshire, ST5 0TW
Telephone: 01782 703007
Email: contact@focuslabs.online
Website: focuslabs.online

To be completed by the referring clinician

Clinician details

Name:

Email:

Signature:

Practice address:

Date:

Patient details

Patient name:

Address:

Date of birth:

Contact number:

Email:

Clinical notes

Antibiotic allergies:

Any additional information:

*Please note that by completing this form you agree to receive a letter detailing treatment recommendations from our clinical lead, Dr Catriona Anderson, a GP with special interest in women's health and recurrent and chronic urinary tract infections. This referral does not enable an appointment with Dr Anderson for the patient.