

STONE CLINIC Facsimile Cover Sheet

To:	UROLOGY SECRETARIES
	RENAL STONE CLINIC REQUEST
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From:	EMERGENCY DEPARTMENT
Phone:	020 8934 2180
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Date:	
Pages including this cover page:	1

DEAR UROLOGY, PLEASE KINDLY FOLLOW UP THIS PATIENT WITH PROVEN RENAL COLIC. MANY THANKS. THE EMERGENCY DEPARTMENT

Patient demographics label	
Contact phone no	
PACS CT KUB REPORT	
Renal Function and WCC	Na ⁺ _____ K ⁺ _____ WCC _____ Urea _____ Creat _____

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