

**HCA Booking Form
ESWL – Urology**

The London Lithotripter Centre @ The Princess Grace Hospital
42-52 Nottingham Place
London W1U 5NY
Tel – 020 7908 2081 / 2044 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.....

1st Tx date

2nd Tx date

3rd 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.