

**Booking Form Clinical Rooms 5 Devonshire Place**

Has the patient been at the London Clinic before?

If yes please give MPI no: \_\_\_\_\_

Booking Date: \_\_\_\_\_ Consultant: \_\_\_\_\_

**Patient Information**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Booking Information**

Date of procedure: \_\_\_\_\_

Time and length of procedure: \_\_\_\_\_

Procedure: \_\_\_\_\_

Nursing Input required and specific equipment needed for procedure: \_\_\_\_\_

\_\_\_\_\_

Tests / Specimens required? \_\_\_\_\_

Relevant medical information / Allergies: \_\_\_\_\_

GP Surgery Address: \_\_\_\_\_

**Funding Information**

It is essential that the patient obtain pre-authorization from their relevant insurance company and bring any documentation/ or the number for their visit

SPP/Package? \_\_\_\_\_

Insurance Details: \_\_\_\_\_

Pre Authorisation number: \_\_\_\_\_

Embassy Patient Letter of Guarantee present? \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_