

## To contact us or to send a referral

All correspondence may be sent to us at:

**HPB Surgery Unit  
The Royal London Hospital  
Whitechapel Road  
London E1 1BB**

Fax: 020 7377 7439 (from abroad +44 20 7377 7439)

If you wish to make a referral, you may print out the referral form below, fill it in and then fax it to us.



**Referring Clinician:**

**Name:**

**Designation:**

**Hospital/ address:**

**Telephone:**

**Fax:**

**E-mail:**

**Clinical history/findings: (you are welcome to put all this in a separate referral letter if you wish)**

**Investigations done:**

**Ultrasound**

**CT**

**MR / MRCP**

**ERCP**

**FDG PET**

**Other**

**If you have already spoken to some one from the Team about this referral, who have you spoken to?**

**Please FAX the completed form to 020 7377 7439, along with any referral letter and scan reports that you may wish to send. DO NOT e-mail this form.**

**Please put ALL relevant scans in the post to:**

**The HPB Surgery Unit, 2<sup>nd</sup> Floor, Front Block,**

**Royal London Hospital, Whitechapel, London E1 1BB**

**(If your referral is to a particular doctor, address the packet to him/her)**