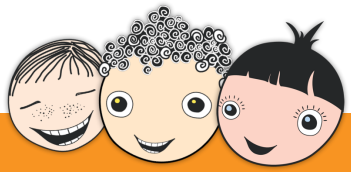
Craniofacial Ireland
RECONSTRUCTING FUTURES

PIONEERING CRANIOFACIAL SURGERY AND CARE

Temple Street
CHILDREN'S UNIVERSITY HOSPITAL

National Paediatric Craniofacial Centre,
Temple Street Children's University Hospital,
Temple Street,
Dublin 1.



Referral to Mr Dylan Murray, Consultant Craniofacial, Plastic & Reconstructive Surgeon

Patient Details

Patient Name

Nationality

Date of Birth
/ /

First Language

Sex (please tick)

Male ☐ Female ☐

Interpreter required?

Address

Parents Names

Telephone Numbers

THE NPCC DOES NOT REQUIRE RADIOLOGY IMAGING TO PROCESS THIS REFERRAL, HOWEVER IF ALREADY COMPLETED PLEASE SEND A COPY ON DISK AND A PRINTED RADIOLOGY REPORT

Email: craniofacial@cuh.ie or Fax: 01 892 1820 Telephone No: 01 878 4883

Ref. TAC / NPCC IMJ Jan 2016 revised: Oct 2016

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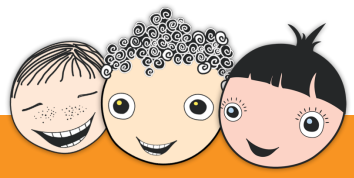

Referral to Mr Dylan Murray, Consultant Craniofacial, Plastic & Reconstructive Surgeon

Medical Details

Date of Birth

/ /

Reason for Referral

Birth History

Single Birth (please tick)

Yes ☐ No ☐

Multiple Birth (please tick)

Yes ☐ No ☐

Gestation

Birth Weight

Height

Head Circumference

(Please include copy of growth chart)

Medical History / Co-Morbidities:

Current weight

Height

Head Circumference

(Please include copy of growth chart)

Affected Parents (please tick)

Yes ☐ No ☐

Affected Siblings (please tick)

Yes ☐ No ☐

Diagnosis of affected family member:

Maternal Age

Paternal Age

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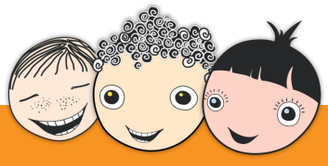

Referral to Mr Dylan Murray, Consultant Craniofacial, Plastic & Reconstructive Surgeon

Referring Professional Information

Name of Referrer

Source of Referral: Hospital / Centre / Practice Address

Consultant's Name

Telephone

Fax

Email

Specialty (please tick)

Neonatologist	☐	AMO	☐	Paediatrician	☐
Neurosurgeon	☐	GP	☐	Other	☐ _____

Date received

Date Triaged

Office use only

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