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| **Referral proforma: Rhinoplasty (CP43)** |

**Referral form for services not usually available on the NHS in Wales**

Cosmetic surgery (surgery undertaken exclusively to improve appearance) will not normally be commissioned in the absence of previous trauma, disease or congenital deformity. Referrers will need to provide clinical detail with regards to the possible effect surgery will have in restoration of function.

**Rhinoplasty**

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| **Patient Details** | | |
| **Last Name** |  | |
| **First Name** |  | |
| **Date of Birth** |  | |
| **NHS Number** |  | |
| **Address** |  |  |
| **Hospital Number** |  |  |

|  |  |
| --- | --- |
| **Diagnosis/**  **Procedure** |  |

|  |  |  |
| --- | --- | --- |
| **Indication** | **Yes /No**   * **/ X** | **Please provide all clinical detail** |
| Nasal deformity caused by trauma |  |  |
| Medical problems caused by obstruction of the nasal airway |  |  |
| Congenital deformity (eg cleft lip and palate) |  |  |
| Nasal deformity asymptomatic but prevents access to other intranasal areas |  |  |

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| Other factors to be considered |  |

|  |  |
| --- | --- |
| **Referrer Details** | |
| **Name** |  |
| **Place of work** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone Number** |  |
| **Signature** |  |
| **Date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sent date | Return date | Case officer | Decided date | Decision |
|  |  |  |  |  |