



**REGIONAL TECHNICAL AID SERVICE REFERRAL
REGIONAL MEDICAL PHYSICS DEPARTMENT
CONFIDENTIAL**

Please note that all client and referrer information is stored on a computer database.
PLEASE PRINT CLEARLY TO HELP AVOID ERRORS AND SPEED THE SERVICE.
Suitable for window envelopes (Fold on dashed lines).

To:

Technical Aid Service Manager
Regional Medical Physics Department
Newcastle General Hospital
Newcastle Upon Tyne
NE4 6BE

Contacts:
Carlisle: (01228) 814700
Cleveland: (01642) 282847
Durham: (0191) 333 2226
Newcastle: (0191) 233 6161 x22489
Web: www.rmpd.org.uk

Problem Description:

Please indicate if work cannot start at once on this referral.

CLIENT details: NHS number:

Name: _____	Sex: ____	Date of Birth: _____
Address: _____	Clinical Diagnosis and Disability Description:	
_____	_____	
_____	_____	
Post Code: _____	_____	
Telephone: _____	_____	

Referred by:

Name: _____	Profession: _____
Address: _____	Employer: _____
_____	_____
_____	_____
Post Code: _____	Signature: _____
Telephone: _____	Date: _____
Email: _____	_____

RTAS No	Project Leader	Date Received	Letter	File
			2 or 2A	