

Frozen Section Booking Form

Date and Time of Frozen	<i>Date:</i>	<i>Time:</i>
Name of Surgeon		
Location of Theatre & Theatre Number		
Telephone Number for Report Communication		
Patient's Name		
Patients UR		
Patients Date of Birth		
Nature of Specimen		
Relevant Clinical Information		

Please confirm all bookings by phoning AP on 9485 9333/9485 9401, 8am to 5pm, Mon-Fri.

Complete all fields on the form and send it to APbooking@nh.org.au