Frozen Section Booking Form



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

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

 $Complete \ all \ fields \ on \ the \ form \ and \ email \ the \ form \ to \ anatomical.pathology@nh.org.au$

If a procedure is cancelled and a frozen section is no longer required, please inform Anatomical Pathology ASAP.

If a procedure is rescheduled, please re-submit another booking form.