

Associate GP:

I, Dr. recommend that the patient named below is transferred to hospital as a matter of urgency,

Date: _____

Time: _____

NHS Number: _____

Patient Name: _____

Call No: _____

Associate GP signature: _____

Patient Declaration:

Despite medical recommendation I decline transfer to hospital and in doing so take full responsibility for this decision.

Patient */ patient representative * Signature: _____

Time: _____