

**APPLICATION FOR FUNDING FOR TREATMENTS NOT ROUTINELY FUNDED**

This form is to be completed by the Consultant/General Practitioner when applying for funding for clinical procedures. Please supply as much detail as possible.

**PLEASE DO NOT INCLUDE THE PATIENTS NAME ON THIS FORM**

Patients Date of Birth	
NHS Number	
BMI/Height/Weight*	
Consultant/GP Name/GP Practice Name	
Intervention requested	
Cost	
Provider requested	

<b>1. Patients Diagnosis</b> (for which intervention is being requested)	
<b>2. Details of Intervention</b> (for which funding is being requested)	
<b>3. Is intervention part of an ongoing trial?</b>	
<b>4. What treatment is the patient currently receiving for this condition?</b>	
<b>5. Why do you think this patient should be an exception to the treatments not routinely funded policy?</b>  Please outline the individual circumstance which you think justifies making this case an exception.	

\* BMI must be included for all applications for breast surgery, surgery for gynaecomastia, body contouring procedures and bariatric surgery.

6. What other treatments has the patient had for the condition in the past?	
7. How successful were they?	
8. What are the goals and expected outcome from the intervention? (e.g. quality of life, life expectancy)	
9. If funding can not be approved what is the possible alternative outcome?	
10. Please provide any other information you think may be relevant in this case.  Photographic evidence is required to support applications for all external procedures (i.e. breast surgery, facial procedures, body contouring procedures, skin lesions, and varicose veins).	

Signature: .....Consultant/GP      Name: ..... (Please Print)

Please return this form to  
 Acute Contracting Team,  
 Surrey PCT  
 Pascal Place  
 Randalls Research Park  
 Randalls Way  
 Leatherhead  
 Surrey  
 Save Haven Fax: 01372 202 690

<p>GP Practice Stamp</p>
--------------------------