**ED RECEPTION EMAIL TEMPLATES**

**MSK – SPINAL**

Email address to send to: [**MSKAdmin@cht.nhs.uk**](mailto:MSKAdmin@cht.nhs.uk)

Following their attendance in ED, this patient requires a **Calderdale Spinal MSK** appointment please

**Initials:**

**MRN:**

**DOB:**

**Details:**

**PLEASE NOTE**

If you have any queries or questions email [**AandEReception@cht.nhs.uk**](mailto:AandEReception@cht.nhs.uk)

Please **DO NOT REPLY TO THIS EMAIL.**

**ENT DELAY**

Email address to send to: [**ENTSecs@cht.nhs.uk**](mailto:ENTSecs@cht.nhs.uk)

Please be aware of an ENT appointment delay for patient referred by ED. Details below.

**Initials**:

**MRN**:

**Timescale Requested**:

**Appointment Booked for**:

**PLEASE NOTE**

If you have any queries or questions email [**AandEReception@cht.nhs.uk**](mailto:AandEReception@cht.nhs.uk)

Please **DO NOT REPLY TO THIS EMAIL**

**EYE CLINIC**

Email address to send to: [eye.referrals@cht.nhs.uk](mailto:eye.referrals@cht.nhs.uk)

Following their attendance in ED, the below patient requires an Eye Clinic appointment please

**Initials:**

**MRN:**

**DOB:**

**Postcode:**

**Details:**

**PLEASE NOTE**

If you have any queries or questions email [**AandEReception@cht.nhs.uk**](mailto:AandEReception@cht.nhs.uk)

Please **DO NOT REPLY TO THIS EMAIL.**

**FRACTURE CLINIC**

Email address to send to: [**phones.team@cht.nhs.uk**](mailto:phones.team@cht.nhs.uk)

The following patient requires a face-to-face Fracture clinic appointment please.

They have been referred by ED for a FTF appointment OR there is no capacity for VFC within 3-day rule

**Initials:**

**MRN:**

**DOB:**

**Date seen in ED:**

**Details:**

**PLEASE NOTE**

If you have any queries or questions email [**AandEReception@cht.nhs.uk**](mailto:AandEReception@cht.nhs.uk)

Please **DO NOT REPLY TO THIS EMAIL**

**FRACTURE CLINIC – OTHER ED**

Email address to send to: [**phones.team@cht.nhs.uk**](mailto:phones.team@cht.nhs.uk)

Patient requires face-to-face Fracture clinic appointment following attendance at out of area ED.

**Initials:**

**MRN:**

**DOB:**

**ED Seen at:**

**Date seen on:**

**Details:**

**PLEASE NOTE**

If you have any queries or questions email [**AandEReception@cht.nhs.uk**](mailto:AandEReception@cht.nhs.uk)

Please **DO NOT REPLY TO THIS EMAIL**

**FAILED SPINE SYNC**

Email address to send to: [**THIS-QualityandStandardsCHFT@cht.nhs.uk**](mailto:THIS-QualityandStandardsCHFT@cht.nhs.uk)

Please be aware that the following patient failed to sync with the Spine when registering them in ED

**MRN**:

**PLEASE NOTE**

If you have any queries or questions email [**AandEReception@cht.nhs.uk**](mailto:AandEReception@cht.nhs.uk)

Please **DO NOT REPLY TO THIS EMAIL**

**UNKNOWN PATIENT**

Email address to send to: [**THIS-QualityandStandardsCHFT@cht.nhs.uk**](mailto:THIS-QualityandStandardsCHFT@cht.nhs.uk)

Please merge the 2 MRNs detailed below. Patient was registered in ED as an Unknown on new MRN but we now have correct and confirmed details for the patient and their correct MRN.

**MRN booked in on**:

**Correct MRN**:

**PLEASE NOTE**

If you have any queries or questions email [**AandEReception@cht.nhs.uk**](mailto:AandEReception@cht.nhs.uk)

Please **DO NOT REPLY TO THIS EMAIL**

**UROLOGY**

Email address to send to: [**urologysecs@cht.nhs.uk**](mailto:urologysecs@cht.nhs.uk)

The following patient requires a Urology clinic appointment please, following their attendance in ED

**Initials:**

**MRN:**

**DOB:**

**Date seen in ED:**

**Details:**

**PLEASE NOTE**

If you have any queries or questions email [**AandEReception@cht.nhs.uk**](mailto:AandEReception@cht.nhs.uk)

Please **DO NOT REPLY TO THIS EMAIL**