

Ingrown Toe Nail Surgery

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

Please tick which foot requires procedure
(Please complete separate forms for bilateral requests)

Left

Right

Surgery for ingrown toe nails is not routinely commissioned in a secondary care setting unless future orthopaedic surgery would be compromised.

Please provide details that future orthopaedic surgery would be compromised here:

e.g. a recurrent infected ingrown toenail requiring treatment prior to joint replacement surgery.



CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined? Please indicate:		Name of Clinician	
Name		Contact number	
Signature		Date	
Date			