NHS

Pinnaplasty/Otoplasty

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.

Patients can only be referred for funding if they meet ALL of the criteria below. **Please indicate that the patient meets all criteria:**		**Please tick ✓**
	• Patient is aged between 10 and 16 years of age and has expressed concern about their appearance.	
AND	• There is very significant ear deformity or asymmetry.	

Please supply information clearly evidencing the selected criteria above

All applications for funding must be accompanied by photographs.

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			