Appendix 1 – RHCG/PRM Orthopaedic Referral Letter

**Urgent Neonatal Orthopaedic referral**

**Suspected DDH or Talipes**

Patient name:

CHI:

Address:

Parent’s name:

Parent phone number (ESSENTIAL):

Brief description of findings:

Telephone referral made to: Date:

Referrer: Responsible consultant:

Date of referral:

Email form to: Appointments.NewChildrensHospital@ggc.scot.nhs.uk