

SAME DAY CONSULTANT APPOINTMENTS™



CALL: 1800 80 42 22

- **SEAMLESS ACCESS TO ROUTINE APPOINTMENTS ACROSS A RANGE OF SPECIALTIES**
- **APPOINTMENTS AVAILABLE IN EITHER DUBLIN OR CORK, AS APPROPRIATE**
- **SIMPLIFIED APPOINTMENT MAKING PROCESS**



HOW IT WORKS

Send: **ELECTRONIC REFERRAL** (via the Healthlink module in your practice management system)

Email: **SAMEDAY@MATERPRIVATE.IE**

Fax: **01 793 4644**

Call: **1800 80 42 22**

When: **MON-FRI: 8AM-6PM**

APPOINTMENTS

- “Dear Doctor” referrals received **before midday** will be offered a same day consultant appointment.
- “Dear Doctor” referrals received **after midday** will be offered an appointment for the next day.
- Access is only available by way of a “Dear Doctor” referral letter.

See referral form on the reverse for a full list of specialties available. Dermatology, Neurology, Pain, Rheumatology & Ophthalmology are currently not available on this service.

CARDIOLOGY: Same day appointments continue to be offered directly through our Cardiology administration team.
Dublin 1800 200 550 | Cork 021 601 3258

UNSUITABLE PATIENTS

There are occasions when, based on the referral & clinical needs, a same day appointment may not be appropriate. The administration team will advise the patient and ensure that the referral is managed accordingly.

These include:

- Urgent symptoms requiring emergency care
- Complex or chronic medical conditions, requiring specialist triage or discussion with a specific Consultant
- Sub-specialist care and specialist clinics such as TAC, Direct Access Endoscopy/Prostate
- Referrals directed to a named Consultant rather than “Dear Doctor”

INSURANCE COVER

Call us for information on insurance cover including any shortfall waiver or offers: **01 885 8856**



Same Day Consultant Appointments™

Referral Form

SEND: ELECTRONIC REFERRAL (via the Healthlink module in your practice management system)

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SELECT SPECIALITY

- | | | | | |
|---|--------------------------------------|---|---|--|
| <input type="checkbox"/> Breast Surgery | <input type="checkbox"/> ENT (Adult) | <input type="checkbox"/> ENT (Paediatric) | <input type="checkbox"/> General/Colorectal | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Gynaecology | <input type="checkbox"/> Haematology | <input type="checkbox"/> Orthopaedic | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Spine | <input type="checkbox"/> Urology | <input type="checkbox"/> Vascular | | |

GENERAL PRACTITIONER DETAILS

Name: _____

Address: _____

Tel: _____

Fax: _____

Referring GP Signature: _____

PATIENT DETAILS

Name: _____

Address: _____

Tel/Mobile: _____

Date of Birth: _____

Insurance Plan Name: _____

PATIENT HISTORY

Reason for Referral: _____

Clinical Indications: _____

Past Medical History - Please include details of, or attach copies of any relevant reports or imaging: _____

 **1800 80 42 22 • Mon-Fri: 8am-6pm**

Mater Private Dublin, Eccles Street, Dublin 7 • Mater Private Cork, City Gate, Mahon, Cork

 **Mater
Private**