

Vaginal Ring Pessary Referral Form

To be completed by referring practice only

Referring Practice Name	
Patient Name	
Date of Birth	
Address	
Telephone Number	
Relevant Clinical information including date of last ring pessary review/wash, required pessary size and urgency of appointment	

To be completed by Unsworth Group Practice Women's Health Hub

The above patient was seen in clinic on / / for a ring pessary review/wash as requested. Please see below the relevant clinical information from the ring pessary review/wash.