



The Waiting List Initiative

Patient Enquiry Form

Patient Details
First Name:
Surname:
Date of Birth:
Address Line 1:
Address Line 2:
City:
Eircode/Postcode:
Telephone Number:
Email Address:
GP Information
GP Name:
Practice Name:
Residency
Are you a resident of Northern Ireland or the Republic of Ireland?
Do you have a PPS number? (Applicable to RoI residents only)
Yes No

Surgery Enquiry

What surgery are you enquiring about?

How long have you been on a surgical waiting list?

Referral Awareness

Where did you hear about Medinet?

Are you aware of the Cross-Border Directive (CBD) offer?

Contact Preferences

Preferred Contact Method (Phone / Email / SMS / WhatsApp):

Preferred Contact Time:

Contact us to find out more

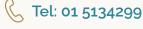


Republic of Ireland

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