The Duke of Cornwall Spinal Treatment Centre



Salisbury NHS Foundation Trust

Salisbury District Hospital

Salisbury

Wiltshire

SP2 8BJ

Tel: (01722) 336262

Fax: (01722) 336550

Date:

**Repatriation Agreement**

Repatriation may be required as there is a high demand for the specialist services at the Duke of Cornwall Spinal Treatment Centre. Therefore repatriation for your patient will be requested for one of the following reasons:

* Inability to participate in Intensive Rehabilitation.
* Repeated unacceptable behaviour or non-compliance.
* Delayed discharge.
* Patient request.

To the Duke of Cornwall Spinal Treatment Centre:

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| --- |
| Patient Name: |
| Date of birth: |
| NHS Number: |
| Referring Hospital: |

I hereby confirm that the above patient will be repatriated to this hospital under my care, if deemed necessary, by The Duke of Cornwall Spinal Injury Treatment Centre.

This completed document is required prior to any admission to

The Duke of Cornwall Spinal Treatment Centre

Consultant Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Consultant Name (*Please Print)*:. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date of Signature: . . . . . . . . . . . . . . . . . . . . . . .