



integrated working



West Suffolk  
Clinical Commissioning Group

## Continuing Treatment: Individual Funding Request Panel Form

<b>CCG Reference No:</b>	
Patient's Name:	Patient's Date of Birth:
NHS Number:	Date of Referral
Patient's Address (include Postcode):	
Referrer's Details :	GP Details
Treatment already requested and agreed including date commenced	
Further treatment requested from when	
Report to be received by the CCG four weeks prior to expiry of current funding to include information on how treatment is progressing and why continuing treatment is required is there any alternative treatment available? Report attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
What are the expected outcomes from this continued treatment (please attach any additional information that may be relevant to this request)	
Cost of further treatment	

Signed:.....Name in capitals.....

Tel No: .....Practice.....Date.....

Fax No: .....

Forms must be completed by GP or Clinician and should to be returned to:  
Clinical Prioritisation Manager, Rushbrook House, Paper Mill Lane, Bramford, Ipswich IP8 4DE Tel:  
01473 770000 **Fax: 01473 832511** or email [suf-pct.IFR@nhs.net](mailto:suf-pct.IFR@nhs.net)

Revised: October 2010

This is an NHS Suffolk document that has been adopted by the WSCCG; review pending