St Triduanas Medical Practice

URINE SAMPLE

Name..D.O.B...Tel..................................

My sample was requested by	The following apply to me......	
□ GP (name)..	Fever	□
….. □ Practice nurse	Loin pain	□
□ Reception staff	I am over 65	□
□ Hosp. Specialist (name)....................	I am male	□
…...	I am pregnant	□
□ Other (name)....................................		
	Passing urine more frequently	□
	Need to pass urine urgently	□
	Burning on passing urine	□
	Getting up at night to pass urine	□

The practice nurse or duty doctor will call you back today