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|  **Application for Multidisciplinary Team Meeting****PaRaDis****Reference Centre for rare pancreatic diseases****Email application to:** **centre.paradis@aphp.fr****Please send Imaging via post (CD-Rom) or via ORTIF** | Date of application:DD/MM/YYYY |
| Details of referring physician:- Centre:- Address:- E-mail:- Telephone : |
| SURNAME of Patient: | GIVEN NAME/S of Patient: | Date of Birth: |
| Centre Patient ID: | Centre: |
| Summary of clinical history: |
| Imaging available:(Please forward Imaging via post (CD-Rom) or via ORTIF) |
| Questions for Multidisciplinary Team Meeting : |
| Multidisciplinary Team composition:Decision from Multidisciplinary Team:Date : Sign: |