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| **Application for Multidisciplinary Team Meeting**  **PaRaDis**  **Reference Centre for rare pancreatic diseases**  **Email application to:** [**centre.paradis@aphp.fr**](mailto: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: | | |