

Referrals can be made via **Medical Objects** or **IconDoctorApp.com**

We will contact the patient with the next available appointment

Patient details

Full Name: Gender:
D.O.B: Phone:
Address:
.....

Reasons for referral

Site Group: ☐ Breast ☐ Lung ☐ Skin ☐ Prostate ☐ CNS ☐ Genitourinary ☐ Gynaecology
☐ Gastrointestinal ☐ Head and Neck ☐ Palliative ☐ Other

Clinical Notes:

(Please also include any pathology and/or diagnostic reports)

Preferred doctor *(Please indicate if you would like your patient to see a specific doctor.)*

Radiation Oncologist:

☐ Dr Johnson Lam ☐ Dr Andrew Fong ☐ Dr Joanne Toohey ☐ Dr Joe Chang
☐ Dr Michelle Or

Referring doctor/consultant details

Doctor Name:

Phone:

Provider No.:

Fax:

Address:

Signature:

Date:

Patient Information

Your appointment

Date:

Time:

Please bring:

- ☐ Referral letter from your doctor
- ☐ Previous X-rays, CT scans, MRI scans
- ☐ Pathology results
- ☐ List of medications
- ☐ Your Medicare/DVA Card/Concession

Notes:



Icon Cancer Centre Norwest

Norwest Private Hospital
11 Norbrink Drive
Bella Vista NSW 2153

Icon Cancer Centre Norwest is located on-site at Norwest Private Hospital.

