

Please send referral via **Medical Objects**

We will contact the patient with the next available appointment

PATIENT DETAILS

Full Name: _____ Gender: _____
D.O.B: _____ Phone: _____
Address: _____
P/code: _____

REASONS FOR REFERRAL

Condition/Site Group: **Select a condition/site group**

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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Dr Kim-Lin Chiew | <input type="checkbox"/> Dr Michelle Grogan | <input type="checkbox"/> Dr Tanya Holt |
| <input type="checkbox"/> Dr Dominique [Yoo Young] Lee | <input type="checkbox"/> Dr Howard Liu | <input type="checkbox"/> Dr Dominic Lunn |
| <input type="checkbox"/> A/Prof Mark Pingham | <input type="checkbox"/> Next Available | |

REFERRING DOCTOR/CONSULTANT DETAILS

Doctor Name: _____ Phone: _____
Provider No.: _____ Fax: _____
Address: _____ Signature:

PATIENT INFORMATION

Your appointment

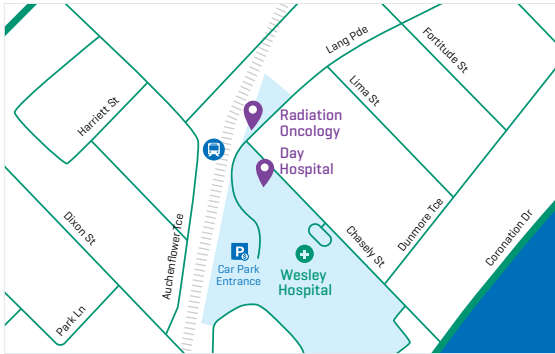
Date:

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:

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Icon Cancer Centre Auchenflower

Wesley Specialist Centre,
87 Lang Parade
Auchenflower QLD 4066

Icon Cancer Centre Auchenflower is located on-site at Wesley Specialist Centre, across from The Wesley Hospital.

