

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: \_\_\_\_\_

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 Kim-Lin Chiew

Dr Michelle Grogan

Dr Tanya Holt

Dr Dominique [Yoo Young] Lee

Dr Howard Liu

Dr Dominic Lunn

A/Prof Mark Pingham

Dr Mihir Shanker

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.

