

## Please send referral via Medical Objects

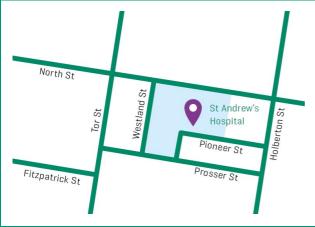
We will contact the patient with the next available appointment

PATIENT DETAILS			
Full Name:		Ge	nder:
D.O.B:		Phone:	
Address:			
		P/code:	
REASONS FOR REFER	RAI		
Condition/Site Group:			
Chilled Notes.			
(PLEASE	E ALSO INCLUDE ANY PATHOLOGY	AND/OR DIAGNOSTIC RE	PORTS)
PREFFERED DOCTOR	(Please indicate if you would like y	your patient to see a spe	cific doctor.]
Radiation Oncologist:			
Dr Santosh Kumar	Dr Lekshmi Nair	Dr Edward Sia	Dr Vivien Tse
REFERRING DOCTOR/0	CONSULTANT DETAILS		
Doctor Name:		Phone:	
Provider No.:		Fax:	
Address:		Signature:	

For more information visit us at iconcancercentre.com.au

## **PATIENT INFORMATION** Your appointment

Date:	
Time:	
_	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 Toowoomba 280 North Street Toowoomba QLD 4350

Icon Cancer Centre Toowoomba is Iocated on theground floor in the Cancer Care Centre building [Building No. 4] of St Andrew's Hospital Toowoomba, 280 North Street, Toowoomba. Please enter carpark via entrance No. 3 off Holberton Street.

