

### Please send referral via Medical Objects

We will contact the patient with the next available appointment

#### **Patient details**

Full Name:

D.O.B:

Address:

Gender:

Phone:

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.)

| Medical Oncologist: | Haematologist:     |                    |
|---------------------|--------------------|--------------------|
| Dr Guranjan Grewal  | Dr Howard Mutsando | Dr Melissa Hancock |

# **Referring Doctor/consultant details**

| Doctor Name:  | Phone:     |
|---------------|------------|
| Provider No.: | Fax:       |
| Address:      | Signature: |

Date:

For more information visit us at iconcancercentre.com.au

# **Patient Information**

## Your appointment

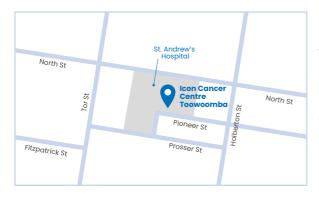
Date:

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 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.

