

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 Santosh Kumar

Dr Lekshmi Nair

Dr Edward Sia

Dr Vivien Tse

## Referring Doctor/consultant details

Doctor Name:

Phone:

Provider No.:

Fax:

Address:

Signature:

Date:

# Patient Information

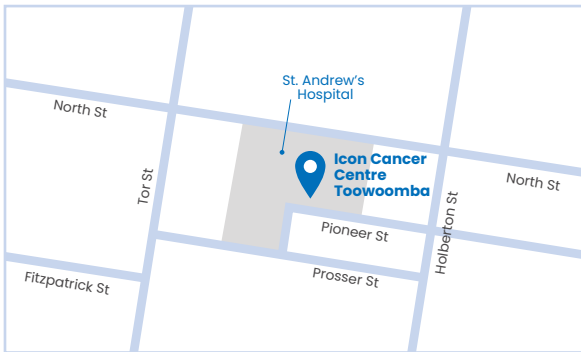
## Your appointment

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 Toowoomba**  
280 North Street  
Toowoomba QLD 4350

Icon Cancer Centre Toowoomba is located on the ground 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.

