

P: 02 5112 0200 F: 02 9167 9004 E: admin.canberra@icon.team

Please fax your referral to 02 9167 9004 or via HealthLink

We will contact the patient with the next available appointment

Patient aetalis	
Full Name:	Gender:
D.O.B:	Phone:
Address:	
	P/code:
Reasons for referral	
Site Group:	
Clinical Notes:	
Clinical Notes:	
(Please also include any pathology and/or diagnostic reports)	
Preferred doctor (Please indicate if you would like	
Preferred doctor (Please indicate if you would like Haematologist:	
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Haematologist:	
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