

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 Angela Allen	Dr Kim-Lin Chiew
Dr Michelle Grogan	Dr Tanya Holt	A/Prof Jim Jackson
Dr Dominique (Yoo Young) Lee	Dr Howard Liu	Dr Dominic Lunn
A/Prof Mark Pinkham	Dr Mihir Shanker	Next Available

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 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.

