



Email: contact@specialistir.com.au

Healthlink: irdoctor

Ph: 03 9115 2694

## REFERRAL FOR OUTPATIENT CONSULTATION AT SPECIALIST IR SERVICES

### Patient Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Email: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

Address: \_\_\_\_\_ Private Insurance: \_\_\_\_\_

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### Primary Clinical Condition / Procedure

### Past Medical History

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### Referring Doctor Details

Name: \_\_\_\_\_ (Please attach reports)

Phone Number: \_\_\_\_\_ Date and Location: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Fax: \_\_\_\_\_

Provider No.: \_\_\_\_\_

### Previous Imaging

Signature: \_\_\_\_\_ (Please attach results)

Date: \_\_\_\_\_

### Previous Laboratory Tests

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Please email referral to: contact@specialistir.com.au

*Note: This referral is for consultation, not a direct referral for a procedure. A Specialist Interventional Radiologist (IR) will first consult and provide advice about whether an IR procedure is suitable or not. If an IR procedure is suitable, this will be arranged by Specialist Interventional Radiology Services, including admission, procedure and follow up care.*