



Specialist Interventional Radiology Services

Email: contact@specialistir.com.au

REFERRAL FOR OUTPATIENT CONSULTATION AT SPECIALIST IR SERVICES

Patient Details

Name: _____ Date of Birth: _____
Phone Number: _____ Sex: _____
Address: _____ Medicare No.: _____

Primary Clinical Condition / Procedure

Past Medical History

Referring Doctor Details

Name: _____
Phone Number: _____
Address: _____
Email/Fax: _____
Provider No.: _____

Previous Imaging

(Please attach reports)
Date and Location: _____

Previous Laboratory Tests

Signature: _____ (Please attach results)

Date: _____

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.