

REFERRAL FORM

A/Prof Paul Bird

Kogarah, Moore Park

Dr Christopher Needs

Kogarah, Macquarie Park

Dr Tien Tay

Kogarah

Dr Alexandra Capon

Randwick

A/Prof Frederick Joshua

Kogarah, Randwick, Macquarie Park

Dr Arvin Damodaran

Randwick

Dr Ilana Ginges

Randwick

Dr Anne Chung

Randwick

PATIENT NAME: _____

DOB: _____

PHONE NO: _____

CLINICAL INFORMATION: _____

REFERRING DOCTOR: _____

Please fax to 02 95537400 or 02 93100566 together with recent blood tests including FBC, UEC, LFT, ESR, CRP.

One of our doctors will review the referral and prioritise.

KOGARAH:

Suite 4, level 1, 19 Kensington Street

RANDWICK:

Suite 2B, Level 2, 66 High Street

MACQUARIE PARK:

Suite 2G, Ground Floor, 64 Talavera Road

MOORE PARK:

The Stadium Sports Medicine Clinic,
Ground Floor Sheridan Building, Moore Park Road