RESET FORM

Radiation oncology consultation referral form fax: Wesley (07) 3371 6590

Please select the patients preferred treatment centre:

- [ ] Wesley Brisbane
- [ ] Southport Gold Coast
- [ ] Nambour Sunshine Coast
- [ ] Chermside Brisbane
- [ ] Tugun Gold Coast

Please select the radiation oncologist you are referring to:

- [ ] Dr Marie Burke
- [ ] Dr Minjae Lah
- [ ] Dr Grant Trotter
- [ ] Dr David Schlect
- [ ] Dr Debra Furniss
- [ ] Dr Selena Young
- [ ] Dr James Mackean
- [ ] Dr Olivia Bigault
- [ ] Dr Tulasi Ramanarasiah
- [ ] Dr Art Kaminski
- [ ] Dr David Christie
- [ ] Dr Sagar Ramani
- [ ] Dr Gail Tsang

Please provide patient details:

Name: ______________________________

Date of Birth (dd/mm/yyyy): ______________________________

Address: ______________________________

Home phone: ______________________________

Mobile phone: ______________________________

Reason for referral:

____

Referring doctors details:

Doctor's name: ______________________________

Provider number: ______________________________

Referring Clinic or Hospital: ______________________________

Date of referral (dd/mm/yyyy): ______________________________

Signature: [   ]

Signature of doctor is required for acceptance of referral

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