BREAST CLINIC REFERRAL



PATIENT DETAILS

Name

Address

Date of birth

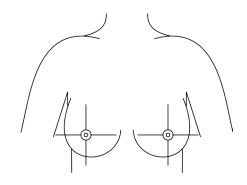
Medicare number

Phone

REASON FOR REFERRAL

Oconsultation OMammography OUltrasound ONeedle biopsy OPre-ope	rative hookwire
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HISTORY AND CLINICAL FINDINGS



REFERRED BY

Signature		
Date		

Notes:

ACCESS TO PRIOR BREAST IMAGES IS PARAMOUNT TO THE APPROPRIATE TREATMENT OF YOUR PATIENT

An urgent referral service is available by phoning the clinic on 5452 0500. If your patient requires a surgical opinion or treatment, you will be contacted to discuss the appropriate pathway.