

Connected Specialist Centre Referral

Fax all referrals to (02) 8867 1951

Phone enquiries 1300 578 292 (Monday - Friday 9:00 to 5:00pm)

Preferred Specialist Name:

Patient Details

Given Name:

Surname:

DOB:

Phone:

Address:

Medicare No.

Ref No.

Expiry Date:

Referring Doctor Details

Given Name:

Surname:

Provider No.

Phone:

Address:

Signature:

Date:

Clinical Reason for Referral

Please attach relevant test results and/or relevant PT Hx

Instructions on how to send referral (e.g. Fax to (02) 8867 1951 before appointment day,
and please bring copy of this document to the appointment)

Referral is valid for 12 months unless otherwise stated.

Preferred method of communication:

Fax

Mail

Electronic