

REQUEST FORM

ST GEORGE HOSPITAL CLINICAL INTERVENTIONAL RADIOLOGY SERVICE



Radiology Department, Gray Street Kogarah 2217
Enquiries 91133570 Fax: 91133980

PATIENT DETAILS

Name:

Date of Birth:

Tel:

Address:

Private Fund:

Medicare Number:

YOUR REFERRAL TO INTERVENTIONAL RADIOLOGY

Referral Type: Clinical Consultation / Procedure (Please circle)

Clinical Details:

Procedure:

YOUR DETAILS

Referrer:

Provider Number:

Email address:

Tel:

Signature:

Thank you for referring your patient to the Service. For your convenience, the Service will arrange any subsequent diagnostic or therapeutic procedures, and communicate these results to you via clinical correspondence.

OUR SPECIALISTS (Alphabetical):

Dr. Derek **GLENN**, Director St George and Wollongong Radiology, Partner DG&P

Dr. Suhrid **LODH**, VMO St George, Prince of Wales, Wollongong, Canberra; Staff Specialist Liverpool

Dr. Mark **POWER**, VMO St George and Wollongong, Partner DG&P