

## Referral Form

I refer this patient to:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Dr Jason Lambley       | <input type="checkbox"/> Dr Neil Wetzig         | <input type="checkbox"/> Breast Care Nurse      |
| <input type="checkbox"/> Dr Chris Pyke          | <input type="checkbox"/> Dr David Wilkinson     | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Dr Domenika Turkiewicz | <input type="checkbox"/> Next Available Surgeon | <input type="checkbox"/> Psychologist           |
| <input type="checkbox"/> Dr Petar Vujovic       | <input type="checkbox"/> Urgent                 |   |

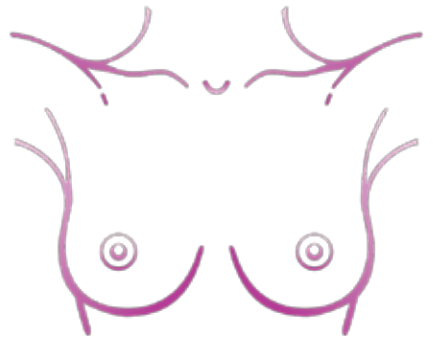
## Patient Details

Name..... Address.....  
..... Postcode .....

Date of birth..... Phone..... Mobile.....

## Clinical History/Examination

.....  
.....  
.....  
.....



## Referring Doctor

Name.....  
Address.....  
..... Postcode .....

Phone..... Provider.....

Signature..... Date .....

# Your Appointment

At..... am/pm.....on .....

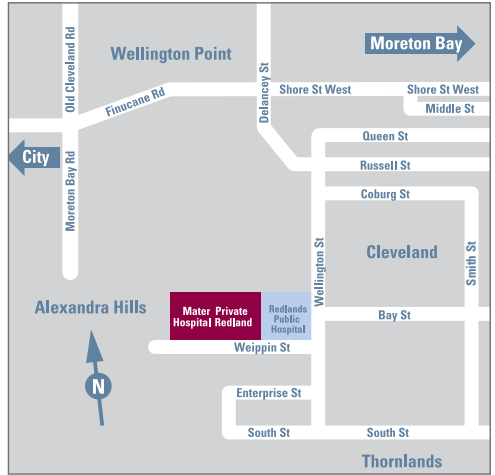
## Clinic Details

### Mater Private Breast Cancer Centre

Mater Private Clinic, Suite 6.03,  
Level 6, 550 Stanley Street,  
South Brisbane Qld 4101

### Mater Private Hospital Redland

Weippin Street  
Cleveland Qld 4163



Telephone: 07 3163 1166 Facsimile: 07 3163 2599 Website: [breastcancer.mater.org.au](http://breastcancer.mater.org.au)

## General Information

- Please remember to bring this referral, your breast imaging and results you may have.
- It is a good idea to wear separates for your own comfort.
- Your visit may have some waiting so please bring along a magazine or book to occupy your time.