sydney breast clinic

REFERRAL FORM
MULTIDISCIPLINARY

PLEASE FAX OR EMAIL REFERRAL PRIOR TO APPOINTMENT

SYDNEY BREAST CLINIC

LEVEL 12, 97-99 BATHURST ST, SYDNEY NSW 2000
FAX: 02 8251 4070 | EMAIL: INFO@SYDNEYBREASTCLINIC.COM.AU

TELEPHONE **02 8251 4000** FOR AN APPOINTMENT

DATE: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

MOBILE NUMBER: _____

EMAIL: _____

ADDRESS: _____

REQUEST FOR BREAST ASSESSMENT

- ✓ +/- CLINICAL BREAST EXAMINATION
- ✓ +/- MAMMOGRAPHY / TOMOGRAPHY
- ✓ +/- CONTRAST ENHANCED MAMMOGRAPHY
- ✓ +/- ULTRASOUND
- ✓ +/- FNA / CORE BIOPSIES
- ✓ +/- BREASTEST plus™

☐ **REQUEST FOR BONE MINERAL DENSITY TESTING (BMD) AVAILABLE AT ANY AGE WITH RISK FACTORS OF OSTEOPOROSIS IF PATIENT IS ELIGIBLE FOR A MEDICARE REBATE, PLEASE SPECIFY ITEM NUMBER:**

◯ ITEM 12306 ◯ ITEM 12315 ◯ ITEM 12321
◯ ITEM 12312 ◯ ITEM 12320 ◯ ITEM 12322

PLEASE TICK ONE OR MORE

☐ PREVIOUS BREAST CANCER
☐ RISK OF BREAST CANCER DUE TO SIGNIFICANT FAMILY HISTORY
☐ SHORT-TERM FOLLOW UP OF _____
☐ LUMP / LUMPINESS / THICKENING
☐ SKIN DIMPLING
☐ SECOND OPINION OF _____
☐ PAIN / DISCOMFORT
☐ NIPPLE SYMPTOM: RETRACTION/ DISCHARGE/SKIN CHANGE/OTHER
☐ OTHER SYMPTOM/S OR SIGN/S _____

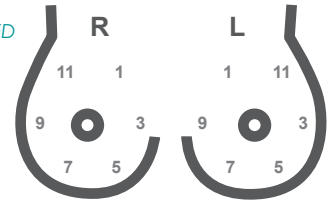
**CLINICAL NOTES ARE REQUIRED FOR MEDICARE REBATE TO BE APPLIED*

CLINICAL NOTES:

_____

_____

_____



REFERRING DOCTOR DETAILS:

NAME: _____
ADDRESS: _____
PROVIDER NUMBER: _____ PHONE: _____
EMAIL: _____ FAX: _____
SIGNATURE: _____

ON THE DAY OF YOUR APPOINTMENT PLEASE:

sydney breast clinic

- BRING THIS REFERRAL WITH YOU.
- BRING YOUR MOST RECENT BREAST MAMMOGRAMS AND ULTRASOUNDS.
- REFRAIN FROM USING DEODORANT PRIOR TO YOUR VISIT. YOU MAY BRING IT ALONG WITH YOU TO USE AFTER YOUR VISIT.
- FOR YOUR COMFORT, WEAR A TWO-PIECE OUTFIT, SUCH AS A SKIRT OR TROUSERS WITH A TOP.
- NOTE YOUR VISIT MAY TAKE 4 HOURS OR LONGER DEPENDING ON INDIVIDUAL NEEDS.
- FEES ARE PAYABLE ON THE DAY - ACCEPTED METHODS: CASH, MASTERCARD, VISA, AMEX OR EFTPOS.

PATIENT INFORMATION

AN APPOINTMENT IS ESSENTIAL FOR ALL SERVICES AT THE CLINIC.

A REFERRAL WITH CLINICAL INFORMATION IS ESSENTIAL FOR A MEDICARE REBATE.

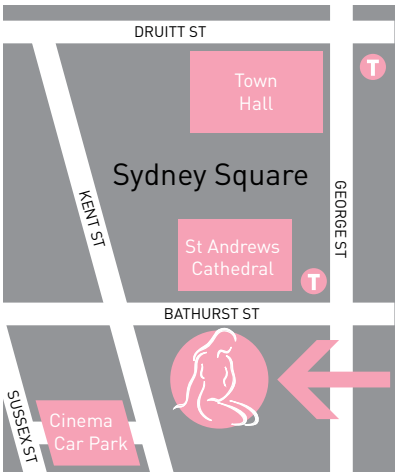
TO MAKE AN APPOINTMENT PLEASE PHONE: **02 8251 4000**

YOUR APPOINTMENT DETAILS:

DATE: _____

TIME: _____

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT PLEASE PROVIDE 24 HOURS NOTICE. (CANCELLATION FEE MAY APPLY)



WHERE TO FIND US:

LEVEL 12, 97-99 BATHURST STREET,
SYDNEY NSW 2000

T 02 8251 4000
F 02 8251 4070
W SYDNEYBREASTCLINIC.COM.AU
E INFO@SYDNEYBREASTCLINIC.COM.AU

PARKING AVAILABLE AT THE CINEMA CARPARK WITH ENTRY FROM KENT OR SUSSEX STREETS

APPOINTMENTS **02 8251 4000**