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➡ MELBENTGROUP.COM.AU

## Ear, Nose & Throat Referral

### Select Surgeon or Select 'Any Surgeon'

- |  |  |
|--|--|
| <input type="checkbox"/> Mr. Paul Paddle     | <input type="checkbox"/> Mr. Guillermo Hurtado |
| <input type="checkbox"/> Mr. Ryan De Freitas | <input type="checkbox"/> Dr. Halina Mann       |
| <input type="checkbox"/> Dr An Pham          | <input type="checkbox"/> Dr Fiona Hill         |
| <input type="checkbox"/> Dr Lucy Matthews    |  |

### Select Location

- |  |  |
|--|--|
| <input type="checkbox"/> Epworth Richmond              | <input type="checkbox"/> Waverley Private            |
| <input type="checkbox"/> Linacre Private               | <input type="checkbox"/> Cabrini Malvern             |
| <input checked="" type="checkbox"/> Swan Hill (MEGRAR) | <input checked="" type="checkbox"/> Mildura (MEGRAR) |

### Patient Details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Reason for Referral:

### Relevant History & Medications:

Please attached relevant diagnostic reports, X-rays or pathology results relevant to this referral  
(Please tick):

- Audiogram     X-ray     CT Scan     MRI     Pathology     Other .....

### Referrers Details or Doctors Stamp

Name:  
Address:  
Provider No:  
Phone:  
Signature:

## DOCTOR'S STAMP