



# Centre for Neurosurgery

Brain, Spine and Pain Specialists

Correspondence: GPO Box 1523, Hobart, Tas, 7001

## REFERRAL

TO CENTRE FOR NEUROSURGERY DR \_\_\_\_\_

### REFERRING DOCTOR

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

Practice: \_\_\_\_\_

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

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

Provider No: \_\_\_\_\_

### REFERRAL VALID FOR

12 months

Indefinite

### PATIENT DETAILS

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

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

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

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

### IMAGING PERFORMED

MRI

CT

X-Ray

### CLINICAL DETAILS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF THERE IS A CLINICAL URGENCY PLEASE PHONE 6228 3777**

Mr Nova THANI, FRACS · Dr Imogen IBBETT, FRACS · Dr Adam FOWLER, FRACS · Dr Hayden BELL, FRANZCR  
Dr Cameron GOURLAY, FANZCA · Dr Paul THOMPSON, MBBS · Dr Andrew MUIR, FANZCA  
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