

# The Memorial Rapid Knee Service

## Referral for Private Patients



**Call 8366 3855** 24 hours a day for an appointment

**Fax 8367 0549**

### Patient Details

Patient Name: \_\_\_\_\_ Sex (circle): M / F  
Address: \_\_\_\_\_  
Postal Address (if different to above): \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Private Health Insurance:  DVA Gold Card Holder:   
Self-Funded:

### Clinical Details

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

### Referring Doctor

Referring Doctor's Name: \_\_\_\_\_ Provider No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Please bring this referral form with you.**

NOTE: Patients who have been injured as a result of a motor vehicle accident, work cover or public liability claim, are not eligible for this service