

LUNG HEALTH CLINIC BANNER AND CONTACT DETAILS

REFERRAL FOR SPECIALIST CONSULTATION

REFERRAL TO

Professor Philip Thompson
Dr Weng Chin
Mr Lucas Sanders

REFERRAL TYPE

Referral for assessment/management: 12 months Indefinite

PATIENT DETAILS

Name.....DOB.....
Address.....
Home phone.....Mobile phone.....
Email.....

CLINICAL HISTORY/REASON FOR REFERRAL

REFERRING DOCTOR/STAMP

Doctors Name.....
Practice Name.....
Address.....
Telephone.....Email.....
Date of Request.....Provider Number.....

OR Submit directly to The Lung Health Clinic by clicking here
 Print and email/fax to The Lung Health Clinic