Epworth Colposcopy Clinic
Patient Referral

For an appointment please complete all details, including signature and fax to: 03 9418 8317.
We will contact your patient within 24 hours.

Patient details

Surname | First Name

DOB | Sex

Address

Postcode

Phone | Mobile

Medicare No | Ref

Private Health fund | Membership no.

Referring Doctor Details

Doctor Name | Provider No

Address

Postcode

Telephone | Fax

Signature | Date

CLINICAL NOTES

Please note: results of recent pap smears must be included (otherwise an appointment will not be made)

Epworth Colposcopy Clinic

Phone 03 9418 8162
Email healthclinics@epworth.org.au

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