

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)**

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Epworth Colposcopy Clinic

Phone 03 9418 8162

Email epworthcolp@epworth.org.au