

Referral † to: Dr David Hillman (Director) - FANZCA Dr Bhajan Singh - FRACP Dr Alan James - FRACP Dr Rodney Steens - FRACP Dr Stewart Cullen - FRACP Dr Nigel McArdle - FRACP Dr Scott Claxton (Locum) - FRACP

 \dagger All services and investigations are billed for all patients

CONTINUATION OF REFERRAL

REFERRING DOCTOR
NAME
ADDRESS
POSTCODE
Ph: E-mail:
FAX: DATE / /
REFERRAL PERIOD Indefinite / months
SIGNATURE
PROVIDER NUMBER
(Attach separate Referral Letter if more space required)
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$\square \qquad \text{MAIL OR FAX COMPLETED FORM TO:}$	
Respiratory Sleep Disorders Clinic Internal Mailbox 201 Queen Elizabeth II Medical Centre Hospital Avenue NEDLANDS WA 6009	Tel: (08) 9346 2422 Fax: (08) 9346 2822