Rapid Access Urology Clinic



Referral for Private Patients and DVA Gold Card Holders

Call 08 8275 3364 or Fax (24 hours a day) on 08 8275 3344 for an appointment.

Dr James Aspinall	O Dr Michael Chong	Dr Jason Lee	O Dr Mark Siddins
PATIENT DETAILS			
Patient name		S	ex (<i>circle</i>): M / F
Address:			
Postal address (if diferent to above):			
DOB:	Phone:	Mobile:	
O Private Health Insurance Fund name:			
O DVA Gold Card holder Card/fund number.			
CLINICAL DETAILS ★ Please attach relevant results and a Patient Health Summary. ★ Please ensure diagnostic test results accompany your patient to the appointment.			
1. Macro Haematuria	2. Retention	3. Suspected Malignancy	4. Acute Renal Colic
O Contrast CT	O EUC	Send patient with current	O Spiral CT
EUC/CBP/INR (if app)	O Renal Ultrasound	imaging/testresults.	O Creatinine
O PSA	O PSA		Ca/Ph/Urate
	O UMCS		
REFERRING DOCTOR			
Referring Doctor's name: Provider no:			
Address:			
Phone: Fax:			
Signature: Date:			ate:

NOTE: Patients who have been injured as a result of a motor vehicle accident, work related injury, public liability claim, or are not registered with Medicare are not eligible for this service.