

Date:

Dear Dr. Soares

Thank you for continuing the care of

| |
|--|
| Patient name:..... DOB Address:..... Phone : <p style="text-align: center;">(place label here)</p> |
|--|

who presents with.....
.....
.....

This referral is valid for 12 months.

Yours sincerely

Doctor:

Provider No:

Hospital:

Or insert stamp:

INSTRUCTIONS FOR PATIENTS:

IF THIS IS AN EMERGENCY:

Do not eat or drink ANYTHING until you have been assessed in case you need surgery today.

- Go directly to GREENSLOPES HOSPITAL, Newdegate Street, Greenslopes. Phone 33947111 Refidex Map 180 G 10.
- Present yourself to Reception – main entrance – they will direct you from there.

Bring your referral letter and any x-rays in your possession.

FOR NON ACUTE REFERRALS:

Please phone Dr Soares’ office on **32085552** to make an appointment

Suite 24, Level 2
Plaza Chambers
15 Dennis Road
Springwood Qld 4127
Refidex Map 222 G 18

Bring your referral letter and any x-rays in your