

Office use only.

Referral number: _____

Date received: ___ / ___ / ____



Fax: 08 6444 7400

Suite 2, 283-285 Unley Road, Malvern, SA, 5061.

Ph.: 0479 147 400

admin@kurmisorthopaedics.com.au

www.kurmisorthopaedics.com.au

____ Day / ____ Month / 202____.

Attention: A/Professor Andrew Kurmis – Specialist Orthopaedic Surgeon.

Dear Andrew,

Thank you for accepting the care of _____ patient's full name _____ (dob: ___ / ___ / ____).

Medicare number: _____ () expiry date: _____

Private Health Insurer: _____ Membership number: _____

Home address: _____ postcode: _____

Mobile: _____ Phone number: (08) _____

e-mail address: _____

age: ____ years height: ____ cms weight: ____ kgs BMI:

Imaging performed at: _____ date: ___ / ___ / ____

Main problem(s): pain / poor function / injury / other: _____

Joint(s) involved: hip(s) right / left / bilateral

knee(s) right / left / bilateral

other: _____

Principal diagnosis / concern: _____

Previous surgery(ies): _____

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Practice ID number: _____

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Date received: __ / __ / ____

Past medical history: _____

Allergies: _____

Current medications: _____

Please do keep me informed as to your future successes in the management of this patient.

Yours sincerely,

signature

Dr. Referrers name (printed clearly)

Provider number: _____

Practice name: _____

Practice address: _____

Office use only.

Practice ID number: _____