Medical Referral To

ear nose throat Ballarat 716 Sturt Street, Ballarat. **Tel: 03 53334755 Fax: 03 43440633
Patient Details**

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| Referral Date: |
| Last Name: |
| First Name: |
| Date of Birth:  |
| Telephone Fixed Line: |
| Mobile: |
| Postal Address: |
| City: Post code: |

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| Clinical Problem: |
| Relevant History: Medication/Medical including social: |
| Referring Doctor: |
| Provider Number: |
| Medical Practice Name : |
| Address:  |
| City: Post code: |
| Telephone: Fax: |
| Please arrange a Hearing Test: **Yes or No, results of recent hearing test will be provided** |