



# Specialist Interventional Radiology Services

Email: [contact@specialistir.com.au](mailto:contact@specialistir.com.au)

## REFERRAL FOR OUTPATIENT CONSULTATION AT SPECIALIST IR SERVICES

### Patient Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

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### Primary Clinical Condition / Procedure

### Past Medical History

### Referring Doctor Details

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email/Fax: \_\_\_\_\_  
Provider No.: \_\_\_\_\_

### Previous Imaging

(Please attach reports)  
Date and Location: \_\_\_\_\_

Signature: \_\_\_\_\_

### Previous Laboratory Tests

(Please attach results)

Date: \_\_\_\_\_

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Please email referral to: [contact@specialistir.com.au](mailto:contact@specialistir.com.au)

*Note: This referral is for consultation, not a direct referral for a procedure. A Specialist Interventional Radiologist (IR) will first consult and provide advice about whether an IR procedure is suitable or not. If an IR procedure is suitable, this will be arranged by Specialist Interventional Radiology Services, including admission, procedure and follow up care.*