

# DR BENJAMIN HOPE

## ORTHOPAEDIC SURGEON

Surgery of the Hand & Shoulder

MBBS FRACS FAOrthA

### PATIENT DETAILS

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

☐ Privately Insured

☐ WorkCover/Third Party

☐ DVA

☐ Uninsured

### REASON FOR REFERRAL

Provisional diagnosis: \_\_\_\_\_

\_\_\_\_\_

Date of injury: \_\_\_\_\_

Imaging available for review ☐ YES ☐ NO

Radiology provider: \_\_\_\_\_

### REFERRING DOCTOR DETAILS

Referring Doctor: \_\_\_\_\_

Provider number: \_\_\_\_\_

Medical/Specialist Centre: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### Brisbane Private Specialist Centre

Brisbane Private Hospital  
Level 3, 259 Wickham Terrace  
Brisbane QLD 4000

**P** 3834 6590 **F** 3834 6260

**E** [bhoffice@drbenhope.com.au](mailto:bhoffice@drbenhope.com.au)

Provider No. 240714QJ

#### Mater Health Centre Redland

(opposite Mater Private Hospital)  
Ground Floor, 16 Weippin Street  
Cleveland QLD 4163