Moreton Bay Obstetrics & Gynaecology PTY LTD
ABN 117 195 749

GYNAECOLOGY REFERRAL

If this referral is URGENT please ph: 07 3163 7362 to discuss with our staff	
URGENT	

Referral to:

Please select one of our Dr's: **Dr Micheal Mastry** **&/or** **Dr Gillian van Iddekinge**

Phone: 3163 7362
Fax: 3163 7364
Email: Reception@mbog.com.au

Post: Mater Specialist Suites
Suite 11-12
Weippin Street
Cleveland Qld 4163

Patient Details:

Name:		DOB:
Address:		Suburb:
Phone: H)	M)	W)
Medicare Number: ☐☐☐☐☐☐☐☐☐☐		Medicare ref: ☐ Expiry date:
Pension number: ☐☐☐☐☐☐☐☐☐☐		
Private Health Insurance: Yes / No	Fund:	Member No: ☐☐☐☐☐☐☐☐☐☐
Next of kin/ Carer's name:		Relationship:
Name:		DOB:
Address:		Suburb:
Phone: H)	M)	W)

Clinical Information:

Reason for Referral:

Duration of referral ☐ 3 months ☐ 12 months ☐ Indefinite

Presenting Symptoms (evolution and duration):

Investigations (please attach to referral or company used)

Relevant Medical/ Surgical history

Current Medications (attach list if necessary):

Other Issues:

Alerts/ Allergies:

Referring Medical Officer Details:

Name:		
Signature:		Date:
Practice Name:		Provider no:
Address:		Suburb:
Phone:	Fax:	Email: