

PATIENT DETAILS

Name

Address

Medicare No.:

Date of birth:

Tel. (Home):

Mobile:

CLINICAL DETAILS

RELEVANT INVESTIGATIONS

REFERRING DOCTORS

Name:

Provider No:

Phone:

Fax:

Email:

Date:

Copy to

We Provide Integrated Aboriginal Health Services

Phone: 08 9528 1761 | Fax: 08 9527 1433

www.rockinghamspecialistcentre.com.au

Email: info@rockinghamspecialistcentre.com.au | referral@rockinghamspecialistcentre.com.au

☐ **ENDOCRINOLOGY**

Dr Kyaw Thura
Dr Simon Edeghere

☐ **GASTROENTEROLOGY**

Dr Shanela Sooben

☐ **GENERAL MEDICINE**

Dr Kyaw Thura

☐ **GENERAL SURGERY**

Dr Shelbin Neelankavil
Dr Suren Subramaniam

☐ **NEPHROLOGY**

Dr Rajaseker Malvathu
Dr Angela Graves

☐ **NEUROLOGIST**

Dr Rajini Rajanayagam

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