REFERRAL COVERSHEET

CONTOSO MED

Please read the instructions carefully

Please use this coversheet when faxing a new referral, updating an existing (previously sent) referral or providing requested/missing information (e.g. results) to an existing referral. Faxes without a coversheet will be returned unactioned. Please fill this form in on a computer or use clear text.

Type of Referral NEW REFERRAL: ☑ UPDATE TO EXISTING: ☐ PROVIDING REQUESTED/MISSING INFORMATION TO EXISTING REFERRAL: ☐	Referred-to Service Name: Small Island Clinic Location of Service (e.g. Example City): Pacific Town
To/recipient (where applicable include named specialist if known): Tom Hanks	Recipient Fax No: 128-228135 Number of pages (excluding coversheet): 2
Patient First Name: Wilson	Patient Last Name: Ball
Patient DOB (dd/mm/yyyy): 01/01/1981	Patient Sex: MALE ☑ FEMALE ☐ OTHER ☐
Patient Medical Number: 424183	Referral ID (if provided, for updates/additional info to previously sent): AB4158
Referrer First Name: Dr Airini	Referrer Last Name: Inflate
Referrer Provider Number: 128154	Referrer Practice Name: Bouncy Back Clinic
Patients preferred and consented (from GP system) contact method – tick all that apply. We may text or leave voicemail where required: SMS ☑ Phone/voicemail ☑ Post ☐ Email ☐	Patient mobile number: 22244481 Patient home number: N/A Patient email: wilson.ball@hoopla.com

Thank you for your cooperation in ensuring all fields of this document are filled out correctly. Please sign below.

Referrer Signature:

Above-mentioned referrer