ROC GREENSLOPES
GREENSLOPES PRIVATE HOSPITAL
NEWDEGATE STREET
GREENSLOPES QLD 4120

ROC RADIATION ONCOLOGY CENTRES

P: 07 3099 8400
F: 07 3099 8401
E: admin.greenslopes@roc.team

Please email or fax your referral to **07 3099 8401**

We will contact the patient with the next available appointment

RADIATION ONCOLOGY REFERRAL

PATIENT DETAILS

Full Name: ______________________________

D.O.B: ______________ Gender: ______________

Address: ______________________________

______________ P/code: ______________

Phone: ______________________________

REASONS FOR REFERRAL *(Please enclose any pathology and/or diagnostic reports)*

Site Group ☐ Skin Brachytherapy (non-melanoma)

Clinical Notes: ______________________________

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PREFERRED RADIATION ONCOLOGIST

☐ Dr Peter Gorayski ☐ Dr Michael Poulsen

☐ No Preference

REFERRING DOCTOR/CONSULTANT DETAILS *(Doctor's stamp or print details below)*

Doctor Name: ______________

Provider No.: ______________

Address: ______________

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Phone: ______________

Fax: ______________

Signature: ______________ Date: ______________

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ROC RADIATION ONCOLOGY CENTRES

PATIENT INFORMATION

Your appointment

Date: --

Time: --

Please bring:
- Referral letter from your doctor
- Previous X-rays, CT scans, MRI scans
- Pathology, photographs, diagrams and/or diagnostic reports
- List of medications
- Your Medicare/DVA Card/Concession

Notes: --

For more information visit us at **radiationoncologycentres.com**