RADIATION ONCOLOGY CENTRES
PO BOX 3787
SOUTH BRISBANE QLD 4101

RADIATION ONCOLOGY CENTRES

P: 07 3737 4500
E: info@roc.team

Please email or fax your referral to **your chosen clinic**

*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 ☐ Breast ☐ Genitourinary ☐ Lymphoma ☐ Head & Neck ☐ Skin
☐ Lung ☐ Gastrointestinal ☐ Gynaecologic ☐ Endocrine ☐ Palliative

Clinical Notes: _____

## PREFERRED RADIATION ONCOLOGIST

Cairns:
F 07 4036 5201 E admin.cairns@roc.team

Gold Coast:
F 07 5687 2497 E admin.goldcoast@roc.team

Gold Coast Private:
F 07 5687 2497 E admin.goldcoastprivate@roc.team

Gosford:
F 02 4324 6121 E admin.gosford@roc.team

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

Maroochydore:
F 07 5414 3701 E admin.maroochydore@roc.team

North Lakes:
F 07 3453 0001 E admin.northlakes@roc.team

Redland:
F 07 3050 9001 E admin.redland@roc.team

Springfield:
F 07 3447 1901 E admin.springfield@roc.team

Toowoomba:
F 07 4614 5801 E admin.toowoomba@roc.team

Wahroonga:
F 02 9487 9303 E admin.wahroonga@roc.team

## REFERRING DOCTOR/CONSULTANT DETAILS *[Doctor's stamp or print details below]*

Doctor Name: _____ Provider No.: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

RADIATION ONCOLOGY CENTRES

# PATIENT INFORMATION

## Your appointment

Date: ----------

Time: ----------

Please bring: Referral letter from your doctor
Previous X-rays, CT scans, MRI scans
Pathology results
List of medications
Your Medicare/DVA Card/Concession

Notes: ----------

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