MIRG Melbourne Interventional Radiology Group

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Heidelberg VIC 3084

Tel: 03 9458 5100
Fax: 03 9458 5199

Email: admin@mirg.com.au
Web: www.mirg.com.au

Referral

Patient

Name: _____ Date of Birth: _____

Address: _____ Daytime phone: _____

_____ Mobile phone: _____

_____

Referral/Request for:

Clinical Details:

☐ Urgent (for urgent referrals please call to discuss)

Preferred MIRG Doctor

☑ No preference ☐ Dr Mark Goodwin ☐ Dr Dinesh Ranatunga

Referring Doctor

Name: _____ Provider Number: _____

Address: _____ Phone: _____

_____ Fax: _____

Email: _____

Signature: _____ Date: _____

Preferred Pathology Provider (for Biopsy etc only): _____ ☐ No preference

Please email this form to admin@mirg.com.au or fax to (03) 9458 5199

For any enquiries please call (03) 9458 5100