

**PATIENT DETAILS**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**REASON FOR REFERRAL**

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Imaging

OPG

☐ With Patient

☐ Ordered

**MEDICAL HISTORY**

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**REFERRING PRACTITIONER'S DETAILS**

Name: \_\_\_\_\_ Provider No: \_\_\_\_\_

Practice details: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**www.myomsqld.com.au**

LUTWYCHE  
NORTH LAKES  
SPRINGWOOD  
IPSWICH

623A Lutwyche Road, Lutwyche QLD 4030

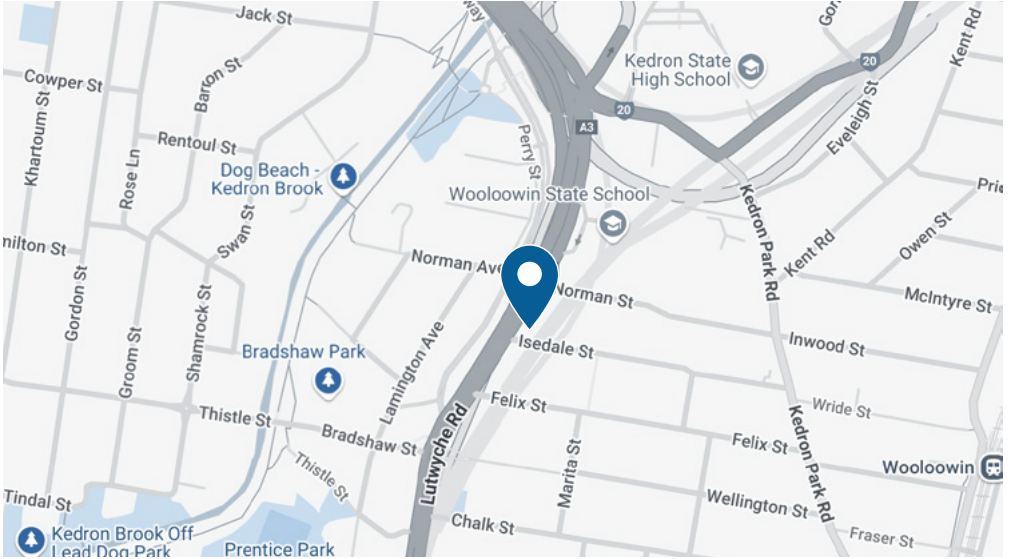
Phone: **07 3102 6888**

Email: **info@myomsqld.com.au**

## LUTWYCHE

**623A Lutwyche Rd, Lutwyche QLD 4030**

Find us on the corner of Lutwyche Rd and Isedale St. Free onsite and street parking.



## NORTH LAKES

**North Lakes Day Hospital**

7 Endeavour Blvd  
North Lakes QLD 4509

## SPRINGWOOD

**Brisbane South Private Hospital**

Level 6, Springwood Health Hub  
4 Paxton Street  
Springwood QLD 4127

## IPSWICH

**Ipswich Specialist Centre**

14 South St  
Ipswich QLD 4305

## APPOINTMENT

Phone: **07 3102 6888**

Email: **[info@myomsql.com.au](mailto:info@myomsql.com.au)**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

A courtesy reminder of your appointment time will be sent via SMS. Please ensure that any relevant x-rays, letters, and pathology results are available for your appointment.