



# Elizabeth Specialist Suites

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## Patient Referral Form

Please fax this referral form to ESS on **08 81218595** or email at [info@elizabethspecialists.com.au](mailto:info@elizabethspecialists.com.au)

Our team of Medical Specialists:

(Please tick which doctor you would like to refer your patient to)

### Respiratory and Sleep Physician

Dr Shanka Karunarathne

Dr Anuk Kruavit

Dr Zoe Scounos

### Aged Care and General Medicine

Dr Ravi Ruberu

### Endocrine and General Medicine

Dr Manodhi Saranapala

### Patient Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Relevant Medical History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referring Doctor Details

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dr Signature: \_\_\_\_\_ Date of Referral: \_\_\_\_\_