

Referral Form

Private Patients and DVA Gold Card Holders

Call **8275 3364** for an appointment.

Please bring this referral form with you, or your GP can

Fax: **8275 3334** Email: **suite.501@acha.org.au**

Healthlink EDI: **flndrsph**



ORTHOPAEDIC SPECIALISTS

PATIENT DETAILS

Patient Name		Sex (Circle) M / F
Address		
Postal Address (if different to above)		
DOB	Phone	Mobile
Private Health Insurance ☐	Fund Name	
DVA Gold Card Holder ☐	Card / Fund Name	

CLINICAL DETAILS

REFERRING DOCTOR

Referring Doctor's Name	Provider Number
Address	
Phone	Fax
Signature	
Date	

NOTE: Patients who have been injured as a result of a motor vehicle accident, work related injury, public liability claim or are not registered with Medicare are not eligible for this service.

FLINDERS PRIVATE HOSPITAL

1 Flinders Drive Bedford Park SA 5042



**FLINDERS
PRIVATE
HOSPITAL**

by ACHA Health

8275 3333 - flindersprivatehospital.org.au