**REFEFFAL TO PROFESSOR DAVID PLAYFORD**

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| --- |
| **PATIENT DETAILS** |
| **Patient Name:**  | **DOB:**  |
| **Address:**  |
| **Phone:**  |
| **Problems** |  |  |
| [ ]  Routine review[ ]  Angina[ ]  New onset chest pain [ ]  Shortness of Breath[ ]  Heart failure[ ]  Arrhythmia | [ ]  Abnormal testing results [ ]  Arrhythmia [ ]  Transient ischaemic attack/Syncope[ ]   |  |
| **CLINICAL DETAILS**[ ]  Allergies |
| **Requesting Doctor** **Date and Signature:**  |

Please phone to arrange an appointment or email/fax us and we will contact you with a convenient time and day.

This practice is a *private billing* practice with payment required on the day of your examination

**Our Office Details**

Mount Medical Centre

Suite 41

146 Mounts Bay Road (Through the coffee shop entrance)

PERTH WA 6000

Tel: (08) **9485-0945**

Fax: (08) **9481-0599**

Email: reception@playford.biz