



SOUTHERN SYDNEY ANGIOGRAPHY PTY LTD

ABN 65 133 501 363

Level 2, St George Private Hospital
1 South Street, Kogarah NSW 2217
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www.sydneymedicalinterventions.com

Specialist: Dr William Clark
MBBS FRANZCR

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PATIENT DETAILS

Name: _____ DOB: _____
 Address: _____
 Postcode: _____
 Telephone: (H) _____ (B) _____ (M) _____
 Medicare Card: _____ Concession Card: _____

CLINICAL NOTES

PROCEDURE REQUEST

- Angiography / DSA
 Interventional Procedure
 Other

FILMS

- Return with Patient Deliver More Referral Pads

REFERRER DETAILS

Referrer Name: _____ Provider Number: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Telephone: _____ Fax: _____
 Signature: _____ Date: _____

- vertebroplasty • angiography • angioplasty • embolization • varicocoele embolization
- fibroid embolization • ovarian vein embolization • thrombolysis • vascular stent insertion
- IVC filters • nephrostomy • spinal injection • joint injection

PATIENT APPOINTMENT

Date: _____ / _____ / _____ Time: _____

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