Unique Pain Solutions

Att: Dr Sushama Deshpande
MBBS, DNB, FANZCA, FFPMANZCA
www.uniquepainsolutions.com.au

REFERRAL FORM

Date of Referral: ☐

Selected Clinic Location:

☐ Norwest / Bella Vista ☐ Gregory Hills ☐ Orange

First Name: ☐ Surname: ☐

Date of Birth: ☐ Sex: ☐ Male ☐ Female ☐ Other

Phone No.: ☐ Email: ☐

Address: ☐

Medicare Number: ☐ Individual Reference Number (IRN): ☐

Payment / Funding:

☐ Medicare ☐ DVA ☐ Workers Compensation ☐ MVAA ☐ Privately Insured

Reason for Referral:

☐

Please email/fax relevant medications, pathology and imaging results with this referral form.

Referrer Name: ☐ Provider Number: ☐

Practice / Organisation Name: ☐

Practice Address: ☐

Practice Phone: ☐ Practice Fax: ☐

Referrer Signature: ☐

Unique Pain Solutions – Norwest
Suite 29a, Level 3
6 Meridian Place, Bella Vista
(Norwest), 2153
Ph: (02) 8883 4558 Fx: (02) 8814 5286
reception@upsnw.com.au
Provider No. 428475JB

Unique Pain Solutions – Gregory Hills
Suite 6, SOMA Wellness
7 Gregory Hills Drive,
Gregory Hills, 2557
Ph: 0403 267 073 Fx: (02) 8823 1866
reception@upsgh.com.au
Provider No. 428475HT

Bloomfield Specialist Group – Orange
Bloomfield Specialist Group
Level 5, 1521 Forest Rd,
Orange, 2800
Ph: (02) 5335 6565 Fx: (02) 5335 6560
bsg@bloomfieldmedical.com.au
Provider No. 428475BY