access vascular

For All Appointments & Reports
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## PATIENT DETAILS

Patient Name: _____

Address: _____

DOB: ____ / ____ / ____ Phone(s): _____

Medicare #: _____

Private Health #: _____

## CLINICAL DETAILS

Medical History/Medications: _____

_____

Specific Clinical Query? _____

_____

☐ **URGENT**

## CONSULTATION

☐ DR ROBERT TEWKSBURY
Vascular & Endovascular Surgeon

## REFERRING DOCTOR

Name: _____ Provider No: _____

Practice Name: _____ Date: _____ / _____ / _____

Signature: _____ Contact No: _____

Copy of report to: _____

**Please ensure Access Vascular receives a copy of Patient Discharge Summaries**

## LOCATIONS

☐ Joondalup
Suite 6, (Ground Floor) Sanori House,
126 Grand Boulevard, Joondalup WA 6027

☐ Cottesloe
3/40 Marine Parade, Cottesloe
Located in Soleil Health Medical Centre

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