

# SURGICAL REFERRAL FOR APPOINTMENT

**Dr Parshotam Gera**

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**Paediatric & Neonatal Surgeon**

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**Perth Paediatrics**

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**Warwick Rooms**

312 Warwick Road

Warwick WA 6024

**Wexford Medical Centre**

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Murdoch WA 6150

**For all the appointments please contact**

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**Email: [contact@perthpaediatrics.com.au](mailto:contact@perthpaediatrics.com.au)**

**Healthlink EDI: prthpaed**

**Patient Name:** \_\_\_\_\_

**Gender: M / F (Please circle)**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

## Reason for Referral

Tongue Tie division

*Laser Tongue Tie/Upper Lip Tie Clinic*

Umbilical Hernia

*Bowel management Clinic*

Circumcision

*Anorectal disorders*

Hypospadias

*Vascular malformation*

Head & neck Lump

Skin Lesion

Inguinal Hernia

Undescended Testis

**Any other Paediatric condition, please specify:**

\_\_\_\_\_

**Referring Practitioner:** \_\_\_\_\_ **Provider Number:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_