Australian Prostate Centre
Together for men's health

Level 8, 14-20 Blackwood Street
North Melbourne, VIC 3051
P (03) 8373 7600
F (03) 9328 5803
australianprostatecentre.org.au
info@apcr.org.au

Referral

Referral Date:_____

Referral to:

Name: **Australian Prostate** Centre

Address: Level 8, 14 – 20 Blackwood Street
North Melbourne VIC 3051

Phone: **03 8373** 7600

Fax: 03 9328 5803

Email: info@apcr.org.au

Referring Practitioner:

Name:_____

Provider Number:_____

Address:_____

_____

Phone:_____

Fax:_____

Email:_____

Patient Details:

Title: _____

Full Name: _____

DOB: _____

Preferred Name: _____

Sex: Male Female Non-Binary

Medicare **No:**_____**Ref**: ____

Interpreter **Required**: Yes **No**

Address:

_____

_____

Phone:_____

Mobile:_____

Email:_____

Pension No: _____

Preferred Language:_____

Reason for Referral:

Please attach all clinical information, pathology and radiology reports.

Once completed, please fax or email the referral and we will be in contact with the patient with an appointment.

Other Notes: