



**A/Professor Phillip Antippa**

OAM MBBS MPH FRACS  
Cardiothoracic Surgeon

Provider No. 200139CB

**ALL APPOINTMENTS**

P +61 3 8373 7639  
F +61 3 8373 7638  
admin@mtsx.com.au  
www.mtsx.com.au

**CONSULTING AT:**

Level 8, 14-20 Blackwood St, Nth Melbourne VIC 3051  
Suite 1, Level 6, Danks Wing, 89 Bridge Rd,  
Epworth Hospital, Richmond VIC 3121

**OPERATING AT:**

Melbourne Private Hospital  
Epworth Hospital Richmond  
The Royal Melbourne Hospital

**Thoracic Surgery  
Trauma Surgery  
Including Melbourne Lung  
Cancer Service**

*Melbourne Thoracic Surgery  
offers a Multi Disciplinary  
approach to the diagnosis and  
treatment of Cancers of the Chest*

## Specialist Referral Form

**Patient Details**

Date of Referral

Patient Name

D.O.B

Address

City

State

Postcode

Phone

**Patient Medical Details**

Medicare Number

Ref No.

Medicare Expiry Date

Private Health Fund

Membership Number

DVA Number/Pensioner Number

**Doctor** *(please tick referring doctor)*

General Practitioner

Phone

Fax

Clinic or Hospital Address

Other doctors / Specialists / Allied health

1

Phone

Fax

Clinic or Hospital Address

Other doctors / Specialists / Allied health

2

Phone

Fax

Clinic or Hospital Address

Presenting Complaint

**Patient Consent**

I ..... give consent to have my X-rays, pathology results, scans and clinical information discussed at multidisciplinary meetings with other medical specialists.

I permit the medical staff at Melbourne Lung Cancer Service to obtain details of my medical condition.

I permit the medical staff of Melbourne Lung Cancer Service to claim payment for their medical services.

**Signature**

**Date**