

**Dr Tim Rutherford**  
MBBS (Hons), FACD

**Dr Adam Sheridan**  
MBBS, FACD

**Dr Edward Upjohn**  
MBBS (Hons), MMed, FACD

## Referral Form

### Patient's Details

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### Appointment

Earliest Appointment (any doctor)       Dr Rutherford       Dr Sheridan       Dr Upjohn

### Clinical Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### URGENT

Melanoma       Tumor on ear, lip or near eye       Rapidly growing tumour (patient will be contacted)

### Referring Doctor's Details

Referring Doctor's Name: \_\_\_\_\_  3 month  
Address: \_\_\_\_\_  12 month  
\_\_\_\_\_  Indefinite  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Provider No. \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_