



SPECIALIST REFERRAL

Patient Name: _____

Date of Birth: _____

Affected Region of the Body: LEFT HIP RIGHT HIP
 LEFT KNEE RIGHT KNEE
 OTHER: _____

Comments:

Referrer Details:

CONTACT DETAILS

(Addresses on Back)

Dee Why & North Sydney Rooms: 02 8045 5688

Chatswood Rooms: 02 9415 2899

City Rooms: 02 9282 9725

Fax: 02 9972 2639

PRACTICE LOCATIONS

DEE WHY

Peninsula Orthopaedics
Level 1, 812 Pittwater Rd
Dee Why, NSW, 2099
Phone: 02 8045 5688

NORTH SYDNEY (MATER CLINIC)

Suite 1.08, Mater Clinic
Level 1, 3-9 Gillies Rd, Wollstonecraft, NSW 2065
Phone: 02 8045 5688

CHATSWOOD

HealthPac Medical Centre
The Concourse
409 Victoria Ave, Chatswood, NSW, 2067
Phone: 02 9415 2899

CITY

HealthPac Medical Centre
Lower Ground, 59 Goulburn St, Sydney, NSW, 2000
Phone: 02 9282 9725

Website: www.drjulianyu.com.au

Email: info@drjulianyu.com.au