



**Sydney  
Interventional  
Radiology**

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**San In-Patient Booking**

P: 9487 9841

F: 9487 9845

**Elective Booking:**

P: 9473 8728

F: 9520 5320

Patient Name: ..... DOB: .....

Address: .....

Phone: ..... Mobile:..... SAN MRN: .....

**Procedure referral** Please consult and consent the patient for the following:

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**Clinical Notes:**

Anticoagulation/Antiplatlets: No/Yes ..... Contrast allergy: No/ Yes    Diabetes: No/Yes

Creatinine: .....

Films @ San Radiology

Films with Patient

**Referrer Details**

Name: ..... Provider No: .....

Address: .....

Phone: ..... Fax: .....

Signature: ..... Date: .....

Copy to: .....