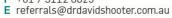


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Referral – Tumour / Oncology

Name / address / d.o.b. of patient	Name / address / provider no. of referring doctor
Location of the tumour/s:	
Symptoms eg lump, unexplained weight loss,	night sweats, pain, fracture
Is the disease suspected to be primary or met	tastatic?
If primary, is there a tissue diagnosis?	asialic!
If metastatic, is the primary known?	
Has the patient already had treatment? (please	se circle or delete)
Surge	ery Radiotherapy Chemotherapy
If so, who is the oncologist / surgeon? (with address)	

Please remember to bring any scans, xrays or other documentation regarding your condition when you come to clinic