



Dear Dr _____

Thank you for seeing _____

Address: _____

Contact number: _____

Please review my patient for:

- Flexible bronchoscopy
- ELVR
- EBUS
- Airway dilatation/stenting
- Bronchial thermoplasty
- Other

Clinical information:

I would like to receive patient correspondence via: post fax email

Referring doctor: _____

Provider number: _____

Address: _____

Fax: _____

Email: _____

We will contact your patient to arrange an appointment

You are welcome to fax your referral to (02) 9812 3844 or
email to reception@sydneypulmonology.com.au