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## PRACTICE LOCATIONS

Bella Vista | Chatswood | Homebush | Taree | Macquarie University

## FOR SCOLIOSIS REFERRALS TO DR HSU

Preferred Clinic	:
	e Scoliosis Clinic es, children under 16 yrs bulk billed
☐ Dr Hsu's P	Private Rooms (Bella Vista, Chatswood, Homebush, Taree) times, out of pocket fees incurred
	Hospital Westmead nes, children under 16 yrs bulk billed
Patient Name: _	Date:
DOB:	Male
Address: _	
Telephone: _	
Pain:	
☐ Yes	Further Explanation:
☐ No	
Investigations to X-rays  CT	o date:
☐ MRI For t	he appointment the patient will require a 3 Foot Film Xray (ie full spine) AP & Lateral
Referring Dr:	Provider Number:
Contact Details:	
Doctor's Signatu	re:

Please bring this referral with you to your appointment
Please phone our friendly staff to arrange an appointment on 1300 975 800