



Dr Ian Jacobson

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## E-Referral Form (Health Professionals Only)

This form is for health professionals only and is sent via email to [referrals@entsydney.com](mailto:referrals@entsydney.com) with standard level security protocols. If disclosure of sensitive health information is required, please phone the practice to speak with our clinical coordinator, Di Clancy RN.

### Patient Details

☐ Urgent ☐ New ☐ Existing

*\* indicates a required field*

Title \*

First Name \*

Last Name \*

Date of Birth \*

Phone Number \*

Mobile

☐ Urgent

☐ New

☐ Review

☐ Enquiry

☐ Paediatric Review

☐ Nose/Sinus

☐ Snoring/Sleep Apnoea

☐ Throat/Airway

☐ Voice/Speech

☐ Other (provide below)

☐ Ear/Tinnitus/Dizziness

☐ Maxillofacial Surgery

☐ Wisdom Teeth Surgery

☐ Hearing Test

Other

### Clinical Details

### Referring Practitioner

Name \*

Provider Number \*

Address

Suburb

State

Postcode

Phone \*

Fax \*

Email \*