Mercy Public Hospitals Inc.

PERINEAL CLINIC REFERRAL FORM

Attach Patient Label

Mercy Hospital for Women   Department of Urogynaecology
Level 6
163 Studley Rd
Heidelberg 3084   Telephone: 8458 4862
                                 Facsimile: 8458 4878

Referral to: Please ensure both boxes are ticked

☐   Urogynaecologist   Dr. Lore Schierlitz / Dr. Alison De Souza

☐   Colorectal Surgeon Dr. James Keck

Reason for Referral:

Date: /   /

Referring Doctor:

Provider Number:

Practice Address:

Period of Referral: ☐ 3 Months   ☐ 12 Months

(Print Name / Signature / Designation)

PERINEAL CLINIC REFERRAL FORM   MR 0338-G