



Att: Dr Sushama Deshpande
MBBS, DNB, FANZCA, FFPMANZCA
Provider No. 428475BY

www.uniquepainsolutions.com.au

Norwest - Fx: 02 8814 5286
admin@upsnw.com.au

Gregory Hills - Fx: 02 7226 9144
admin@upsggh.com.au

Penrith - Fx: 02 4721 0015
reception@westernpaincentre.com.au

Orange - Fx: 02 5335 6560
bsg@bloomfieldmedical.com.au

REFERRAL FORM

Date of Referral:

Selected Clinic Location:

Norwest / Bella Vista Gregory Hills Penrith Orange

First Name: Surname:

Date of Birth: Sex: Male Female Other

Phone No.: Email:

Address:

Medicare Number:

Payment / Funding:

Medicare DVA Workers Compensation MVAA Privately Insured

Reason for Referral:

Please email/fax relevant medications, pathology and imaging results with this referral form.

Referrer Name: Provider Number:

Practice / Organisation Name:

Practice Address:

Practice Phone: Practice Fax:

Referrer Signature: