

Patient Details

REFERRAL FOR ALFRED THYROID ABLATION SERVICE

Referral for specialist consultation with the department of Interventional Radiology*

Read the **about this referral** section at the bottom of this form

Phone: 03 9076 2963 Fax: 03 9076 3379 Email: radinterventional@alfred.org.au

Sex:

Date of Birth:

Gender identity:

Medicare No.:

Pension card No:

Name:

Name.

Address:

Mobile / Best Contact Number:

Service requested:

Specialist consultation and consideration of minimally invasive thyroid nodule treatment.

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Referring Doctor Detai	ls	Reports	Billing Details
Name: Address:		 ☐ Fax ☐ Mail ☐ Electronic Delivery (Healthlink) 	Bulk Bill Ueterans Affairs Private
Telephone:		Images on CD	└── Workcover └── TAC
Fax:		Online Images (Intelerad)Copy of report to (& Fax # please):	Pensioner
Provider No.:			holder
Signature:		Date:	
Ultrasound & Biochemistry results:		Medical History	
ist or attach imaging and bioche Thyroid Ultrasound Thyroid Function Tests (TFTs Fine Needle Aspiration (FNA))		
Thyroid Ultrasound)	Other nodule types:	
 Thyroid Ultrasound Thyroid Function Tests (TFTs Fine Needle Aspiration (FNA)) thyroid nodule:	Other nodule types: Other nodule type description:	
 Thyroid Ultrasound Thyroid Function Tests (TFTs Fine Needle Aspiration (FNA) Benign non-functioning) thyroid nodule:		
 Thyroid Ultrasound Thyroid Function Tests (TFTs Fine Needle Aspiration (FNA) Benign non-functioning Indicate if any of the following ap) thyroid nodule: uply to your patient:		

*About this referral. This is a referral for specialist consultation & review with the Interventional Radiology (IR) clinic at The Alfred hospital (normally bulk billed). If the patient is agreeable and suitable for Radio Frequency Ablation (RFA) treatment, the *IR unit initiates and manages treatment as a hospital outpatient*, ensuring that relevant reports/results are communicated back to the referrer. In most cases, the treatment carries no 'out of pocket' costs. **This form in itself, is not a direct referral for RFA treatment**.