PRINCIPLE ORTHOPAEDICS

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Consulting locations:
Frankston • Sandringham
Rosebud • Malvern

Mr Kosta Calligeros	**Mr Theo Partsalis**	**Mr Nick Furness**	**Mr Daniel Fisher**
248612JJ	286995EJ	46510GW	419433VH

RAPID ACCESS FRACTURE CLINIC REFERRAL

Standard GP referral letters are welcome. This form may be used independently or alongside an existing referral
Please email referrals to admin@principleorthopaedics.com.au OR fax to (03) 9789 8166

PATIENT & PRIMARY CONTACT DETAILS:

Patient Name: _____ DOB: _____

Contact Name: _____ Relationship: _____

Phone: _____

Medicare: _____ Private Health Insurance: Yes ☐ No ☐

REFERRAL DETAILS:

☐ Suspected Fracture _____ ☐ ED Follow-Up _____

☐ Confirmed Fracture _____ ☐ Fracture Healing Concern _____

☐ Acute Soft Tissue Injury _____ ☐ Other _____

Date Of Injury: _____

Other Relevant Clinical History & Examination Findings:

_____

_____

_____

IMAGING & MANAGEMENT:

Imaging Performed: X-Ray ☐ CT ☐ MRI ☐ Nil ☐

Imaging Provider: _____

Current Management: Splint / Cast ☐ CAM boot ☐ Sling ☐ Other: _____

Referral Priority: Urgent ☐ Routine ☐

REFERRING PRACTITIONER DETAILS:

Practice Details / Stamp:

Signature: _____ Date: _____

Not an emergency service. Injuries requiring immediate assessment should be directed to an Emergency Department.