



NT MEDICAL SPECIALIST

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## NTMS Referral form

<b>Patient details:</b>  <i>Or insert patient label</i>	Surname		DOB	
	Given name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
	Address		Tel (H)	
			Tel (M)	
Tel (W)				
<b>Referring doctor</b>	Name			
	Provider no			
	Address			
	Tel	Fax	Email	
<b>Insurance Status:</b>	<input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Uninsured <input type="checkbox"/> DVA			
<b>Medicare Number:</b>	_____ Ref: ____ Expiry: ____ / ____			
<b>Indication (s)</b>				
<b>Important Clinical Information if any</b> (please attach copies of relevant test results/ medical records as applicable )				
<b>Consultation Required:</b>  <i>Please tick</i>	<input type="checkbox"/> <b>Gastroenterology</b> A/Prof. Edmund Tse  Dr. Guruparan Iyngkaran  Dr. Suresh Sivanesan  Dr. Zina Valaydon		<input type="checkbox"/> <b>Sleep &amp; Respiratory</b> Dr. Aaron Oh  <input type="checkbox"/> <b>Sleep study</b>  <input type="checkbox"/> <b>Lung function testing</b>	
	<input type="checkbox"/> <b>Nephrology</b> Dr. Madhi Sundaram		<input type="checkbox"/> <b>Oncology</b> Dr. Teesha Downton	
	<input type="checkbox"/> <b>General Medicine</b> Dr. Elio Gagliardo Dr. Aruna Muthumala		<input type="checkbox"/> <b>Consultant General Surgeon</b> Dr. Suraj Rathnayake	
	<input type="checkbox"/> <b>Neurology</b> Dr. Alvaro Cervera			



A team of experienced and highly qualified Specialists providing personalised care.

- **Gastroenterology**
- **General Surgery**
- **Oncology**
- **Sleep and Respiratory**
- **General Medicine**
- **Nephrology**
- **Neurology**
- **Dietetics**
- **Inpatient Sleep Lab**
- **Pulmonary Function Testing**
- **Sullivan Nicolaides Pathology**

**We are located at**

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TEL: 08 7913 7873 FAX: 08 7913 7880

Email: [admin@ntmedicalspecialist.com.au](mailto:admin@ntmedicalspecialist.com.au)

**Opening Hours:** Monday to Friday 7:30 am to 4.30 pm.

**After Hours & Weekends** by appointment only.

