



DR PETER FAHMY

Interventional & Structural Cardiologist



Cardiology Referral

PATIENT'S DETAILS

Name: _____

DOB: _____ Private Health Details: _____

Address: _____

City: _____

Phone No: _____ Alternate Ph: _____

Medibank Details: _____

Next of Kin: _____

Next of Kin Phone No: _____

Patient's GP: _____ Contact No: _____

Dr Peter Fahmy

MBChB, PhD, FRACP

Bella Vista Rooms

Suite C203

9 Norbrik Drive

Bella Vista NSW 2153

Phone: (02) 9633 2244

Fax: (02) 8814 6950

Katoomba Rooms

3 Woodlands Road,

Katoomba NSW 2780

Phone: (02) 4782 2798

Fax: (02) 4782 1463

REFERRING DOCTOR'S DETAILS

Referral Date: _____

In-Patient Referral Hospital Unit: _____ Contact No: _____

Elective Referral

PLEASE ATTACH THE FOLLOWING:

Referral letter and any other correspondence

Medication list

Referring Doctor: _____ Contact No: _____

Signed: _____ Contact No: _____

COMMENTS:

For further enquiries please contact Dr Fahmy's rooms on (02) 9633 2244

Bella Vista - Katoomba