

**DR.
SAMUEL
MCGINNESS**

EAR, NOSE AND
THROAT SURGEON

REFERRAL

Patient Details

Name _____

DOB _____

Gender _____

Address _____

Contact Phone Number _____

Referrer Details / Stamp

Provider Number _____

The ENT Centre

Suite 12, The Madison
25-29 Hunter St, Hornsby,
NSW

Ph (02) 9477 3717

Fax (02) 9482 4695

Macarthur ENT

Suite 102, 4 Hyde Parade
Campbelltown, NSW 2560

Ph (02) 4625 1682

Fax (02) 4625 1032

Clinical Information

Thank you for your kind referral. We will endeavour to see your patient and correspond with you as soon as possible.
If your patient needs to be seen urgently, please do not hesitate to get in contact via the above numbers.