



MMS
MIDLAND MEDICAL SPECIALISTS



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midmedsp (healthlink)

Patient Details

Name: _____

DOB: _____ Gender: _____

Address: _____

Phone: _____ Mobile: _____

Medicare: _____ Reference: _____ Expiry: _____

Select specialty as preferred specialist.

If you only select the specialty, then the first available appointment with specialist in that field will be booked.

<input type="checkbox"/> Renal Medicine	<input type="checkbox"/> Dr Rebecca Croke <input type="checkbox"/> Dr Siew Chong <input type="checkbox"/> Dr Kalindu M	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Dr Siang Ung <input type="checkbox"/> Dr Kalil Anvardeen
<input type="checkbox"/> Respiratory Medicine	<input type="checkbox"/> Dr Francesco Piccolo <input type="checkbox"/> Dr David Manners <input type="checkbox"/> Dr Ed Fysh	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Dr Jee Kong <input type="checkbox"/> Dr Glen Brand <input type="checkbox"/> Dr Michael Ma <input type="checkbox"/> Dr T Ching <input type="checkbox"/> Dr Abehy Singh <input type="checkbox"/> Dr Suresh P
<input type="checkbox"/> Diabetes & Endocrinology	<input type="checkbox"/> Dr Mark Lee <input type="checkbox"/> Dr Chandrin <input type="checkbox"/> Dr Sukesh Chandran		
<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Dr Ohide Otome	<input type="checkbox"/> General Medicine	

Clinical Details

URGENT

Referrer Details

Doctor: _____

Provider Number: _____

Medical Practice: _____

Address: _____

Phone: _____

Doctor Stamp

Signature: _____

Date: _____