



Dr Rithvik Reddy - ENT Specialist Referral Form

Dr Rithvik Reddy (Otolaryngology – Head & Neck Surgeon)
Website: drrithvikreddy.com

Please write/attach patient identification label here:

Referring practitioner (please write/stamp below):

Date of referral: ___ / ___ / ____

CLINICAL INFORMATION

Primary reason for referral / Provisional diagnosis:

Relevant history & examination findings:

Investigations already performed (attach copies):

☐ Audiogram ☐ CT/MRI
☐ Pathology ☐ Other: _____

Urgency (please tick):

☐ Routine ☐ Semi-urgent (2–4 wks) ☐ Urgent
(7 days) ☐ Category 1 (24 hrs – phone first)

Location:

☐ Campbelltown ☐ Gregory Hills
☐ Sydney CBD

Additional information / requests:

REFERRAL DELIVERY

Fax this form (and any attachments) to: (02) 9247 2141 (Sydney CBD) or (02) 4625 1032 (Campbelltown or Gregory Hills)

OR Email to: referrals@drrithvikreddy.com

For urgent/category 1 referrals please phone the rooms before faxing.

Thank you for your referral