

Dr Yasser Khatib

Hip & Knee



Dr Haren Nandapalan

Shoulder, Elbow & Hand



Dr Jason Chow

Foot & Ankle



**Referral for treatment**

Patient Name: ..... DOB: .....

Address: .....

Phone: : .....

Clinical Details: .....

.....

.....

.....

.....

.....

.....

Referring Doctor: ..... Provider No: .....

Address: .....

Signature: ..... Date: .....

**Contact Details**

Telephone: (02) 4721 4434

Fax: (02) 4721 5361

Postal Address: PO Box 949, Penrith NSW 2750

Email: [info@carefirstortho.com.au](mailto:info@carefirstortho.com.au)

Website: [www.carefirstortho.com.au](http://www.carefirstortho.com.au)