

# Sydney Colorectal Associates

Colorectal and Intestinal Surgery        Colonoscopy        Anorectal Disorders



Prince of Wales  
Hospital



St George  
Hospital



University of  
New South Wales

## Referral to:

**Hurstville Private**

Steven Y Gan

Denis W King

David Z Lubowski

D Shevy Perera

Danny Kozman

**Address:** 37 Gloucester Road,  
Hurstville NSW 2323

**Telephone:** 1300 553 347

**Facsimile:** (02) 9553 8456

**Prince of Wales Private Hospital**

Francis Lam

Mark Muhlmann

Graham L Newstead

**Address:** Suite 17, Level 7 Barker Street  
Randwick NSW 2031

**Telephone:** 1300 553 347

**Facsimile:** (02) 9650 4924

**St George Private Medical Centre**

Steven Y Gan

David Z Lubowski

D Shevy Perera

**Address:** Suite 13, Level 3  
1 South Street  
Kogarah NSW 2217

**Telephone:** 1300 553 347

**Facsimile:** (02) 9553 8456

**Miranda**

Steven Y Gan

D Shevy Perera

**Address:** Suite 7,26-28 Gibbs Street  
Miranda NSW 2288

**Telephone:** 1300 553 347

**Facsimile:** (02) 9553 8456

**Menai Market Place**

D Shevy Perera

**Address:** Level 1,  
Menai Market Place  
Alison Crescent  
Menai NSW 2234

**Telephone:** (02) 9532 1166

**Facsimile:** (02) 9532 1177

OR  **First Available Appointment Required (urgent referral)**

Patient's Name: ..... Date: .....

Reason for Referral: .....

.....

.....

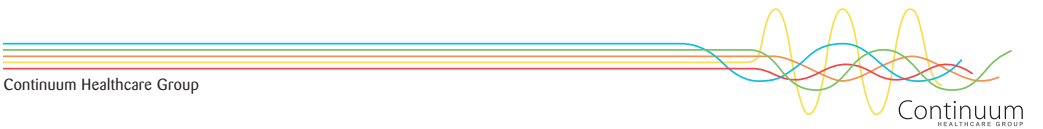
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Referring Doctor: .....

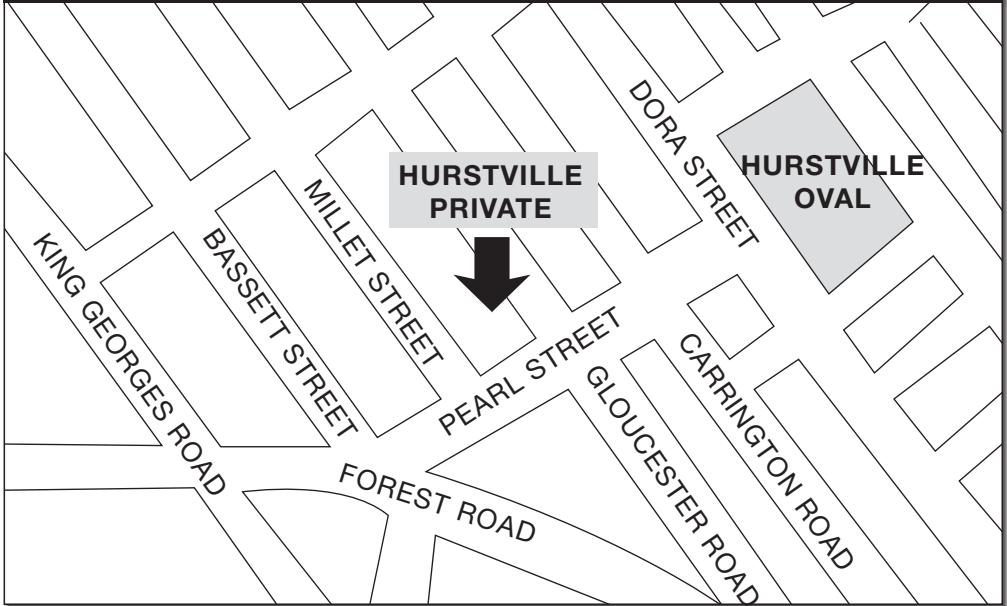
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Provider Number: .....

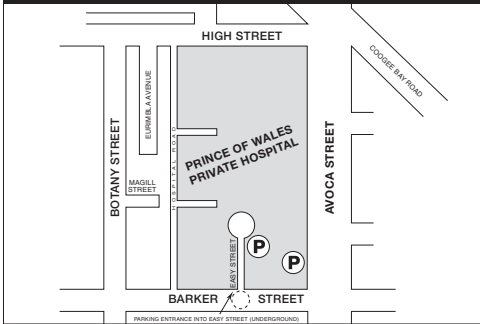


# Hurstville Private

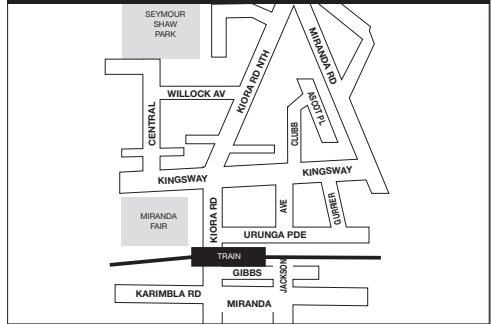
37 Gloucester Road Hurstville NSW 2323



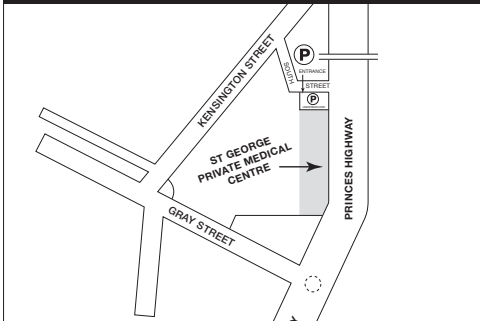
**Prince of Wales Private Hospital**  
Suite 17, Level 7 Barker Street Randwick NSW 2031



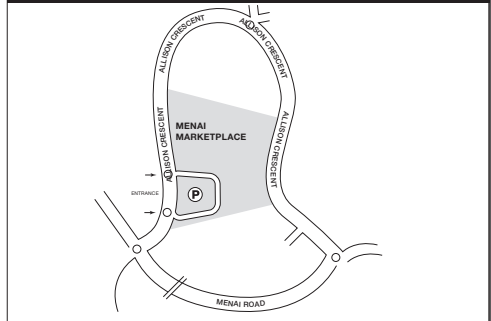
**Miranda**  
Suite 7, 26-28 Gibbs Street Miranda NSW 2288



**St George Private Medical Hospital**  
Suite 13, Level 3 1 South Street Kogarah NSW 2031



**Menai Marketplace**  
Level 1, Menai Market Place Alison Crescent Menai NSW 2234



To re-order pads please complete the details requested below and fax to:

## Sydney Colorectal Associates

Facsimile: (02) 9553 8456

Please supply ..... referral pad(s) to:

Name: Dr/Ms/Mr .....

Address .....

.....

.....

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Telephone .....