

Anaesthetic Assessment Form

RANDWICK DAY SURGERY
2 EURIMBLA AVENUE,
RANDWICK NSW 2031

www.randwickdaysurgery.com.au
Email: contact@randwickdaysurgery.com.au
Phone: 9398 8190 Fax: 9314 5331

Licence No: DC 117 Provider No: 0999901X

PATIENT DETAILS

Name:

DOB: Phone: (h)(m)

Address:

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Anaesthetic protocol at Randwick Day Surgery requires the following investigations for anaesthetic assessment. Would you please arrange the following investigations:

- FBC
- Electrolytes
- Random blood sugar
- ECG

Other

These investigations will be assessed by our anaesthetists prior to the procedure. They may wish to further consult with you/your patient.

REFERRING DENTIST DETAILS

Name:

Address:

Phone:

Fax:

REFERRING MEDICAL DOCTOR DETAILS

Name:

Address:

Phone:

Fax:

Fax copies to: Randwick Day Surgery, Referring Doctor, Referring Dentist.