

# REFERRAL FORM



This form needs to be complete by a GP or Obstetrician around 32 weeks or at birth for Medicare rebates to apply.

Referring doctor: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Referring doctor provider number: \_\_\_\_\_

Please provide postnatal care for \_\_\_\_\_  
and her baby

Specific concerns or comments: \_\_\_\_\_

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Donna Mansell  
Registered nurse/midwife  
Provider number 4306921Y

Mandy White  
Registered Nurse/Midwife  
Provider Number- 4998542Y