

Date

Dr
Diabetes Telehealth Endocrinology Service
Diabetes WA
Level 3
322 Hay Street
Subiaco 6008

Dear

RE: Endocrinology Referral

Thank you for seeing _____ DOB _____

Reason for referral/additional comments

Patient to be reviewed by a Diabetes Telehealth diabetes educator YES/NO

Kind regards

GP NAME/SIGNATURE

PROVIDER NUMBER

PRACTICE NAME