



SYDNEY VOICE & SWALLOWING

PATIENT REFERRAL

REFERRAL TO:

A/Prof Daniel Novakovic

FRACS (OHNS), MBBS, MPH

Adult & Paediatric Ear Nose Throat

Dr Thomas Stewart

FRACS (OHNS), MBBS, MMed, BMedSc

Laryngology & Airway Surgery

First available

Care of the Professional Voice

PATIENT DETAILS:

Name: _____

Date of birth: _____ Phone: _____

REASON FOR REFERRAL:

- Urgent (please phone) Voice/Throat Airway/Breathing Nose/Sinus
- Paediatric ENT Snoring/Sleep Apnoea Other: _____

Notes: _____

REFERRED BY:

Doctor: _____

Address: _____

Provider No: _____ Referral Date: _____

Signature: _____

Main rooms & all correspondence:

Suite 1, Level 1, 66 Pacific Highway
St Leonards NSW 2065

Also consulting at:

Suite 2, Level 2, 135 Victoria Road Suite C1, 30-36 O’Dea Avenue
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