Letter of Referral

Professor Maria Fiatarone Singh AM, MD, FGSA, FRACP HealthLink: strongme Geriatrician Telephone: (02) 8004 7655 The Centre for Strong Medicine Facsimile: (02) 8078 4566 37 Ryde Road Pymble NSW 2073 Email: info@strongmedicine.org.au Dear Professor Fiatarone Singh I would like to refer the following patient to you for assessment and follow up of the initial plan. **Patient Details** Date of Birth: Telephone: _____ Medical History and Reason for Referral Medications **Referring Doctor Details** Provider Number: Telephone: ______ Signature: