



# MEREDITH

RESPIRATORY AND SLEEP CENTRES  
DR FREIBERG & ASSOCIATES

Book specialist consultation  
PH. 9790 2378 | FAX. 9790 2185  
Book sleep study only  
PH. 8405 7555 | FAX. 8405 7554  
**PLEASE FAX THE COMPLETED FORM**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Gender: Male  Female

Pension/Healthcare Card holder? YES  Patient does have private health insurance? YES

Name of fund: \_\_\_\_\_ email: \_\_\_\_\_

REQUEST FOR		
<b>CONSULTATION</b> <input type="checkbox"/> Dr David Freiberg <input type="checkbox"/> Associate	<b>SLEEP SERVICE</b> <input type="checkbox"/> Fully supervised diagnostic sleep study <input type="checkbox"/> Home sleep study only <input type="checkbox"/> CPAP treatment study <input type="checkbox"/> Oxygen therapy <input type="checkbox"/> MSLT/MWT	<b>RESPIRATORY LABORATORY</b> <input type="checkbox"/> Detailed Lung Function <input type="checkbox"/> Asthma Challenge <input type="checkbox"/> Spirometry <input type="checkbox"/> Allergy Skin Test

**CLINICAL NOTES**

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**REFERRING DOCTORS DETAILS (may be stamped)**

Doctors Name:	Address:
Phone:	Provider number:
Date:	Referring Doctors Signature:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SUITE 4, L3, 2 MEREDITH ST. BANKSTOWN 2200**

**5 EMERALD HILL BLVD. LIPPINGTON. 2179**

