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SUNSHINE COAST

HERVEY BAY

PATIENT REFERRAL
ULTRASOUND-GUIDED INJECTION OF BOTULINUM TOXIN TYPE A

Patient's name: ..... DOB: ..... / ..... / .....

Address: .....

.....

Telephone: ..... Mobile: .....

Email: .....

Reason for referral:

Spasticity secondary to:

- Stroke, Cerebral Palsy, Traumatic brain injury, Spinal injury, Multiple sclerosis, Other: .....

Or

- Cervical dystonia (spasmodic torticollis)

Clinical concerns / comments:

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Pregnant: Yes / No

Referred by:

Doctor's name: ..... Telephone: .....

Practice address: .....

.....

Email: ..... Provider no: .....

Signature: .....

Date: ..... / ..... / 20.....