Westmead Hospital Knee Surgery Clinic

Dr Bu Balalla
MBBS FRACS FA(Orth)A
Specialist Orthopaedic Knee Surgeon

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MBBS FRACS FA(Orth)A
Specialist Orthopaedic Knee Surgeon

Appointments

Westmead Hospital University Clinics

Tel: 02 8890 6544
Fax: 02 8890 8333

A PDF version of this form is available from kneesurgerysydney.com.au /westmeadkneeclinic

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Westmead Hospital Knee Clinic Referral Form

Fax to University Clinic 02 8890 8333

Patient: First name ____

Surname ____

DOB ____

Address ____

Suburb ___________________Postcode __________

Telephone ____

This referral is for	Please attach reports of
☐ Acute knee injury	☐ Weight-bearing AP/lateral/Rosenberg/skyline ☐ Knee MRI
☐ Osteoarthritis	☐ Weight-bearing AP/lateral/Rosenberg/skyline xrays
☐ Ligament or tendon injury	☐ Weight-bearing AP/lateral/Rosenberg/skyline xrays ☐ Knee MRI
☐ Meniscus injury	☐ Weight-bearing AP/lateral/Rosenberg/skyline xrays ☐ Knee MRI
☐ Patella dislocation	☐ Weight-bearing AP/lateral/Rosenberg/skyline xrays ☐ Knee MRI
☐ Problems with an existing knee replacement	☐ Weight-bearing AP/lateral/Rosenberg/skyline xrays ☐ Knee CT scan ☐ Blood tests: FBC/ESR/CRP

- Patients without a full set of appropriate investigations will not be allocated an appointment.
- Please note that ultrasound examinations of the knee are not sensitive for intra-articular knee pathology and are not of use.
- **PLEASE ENSURE THAT YOUR PATIENT BRINGS THE IMAGES FROM ALL INVESTIGATIONS TO THEIR APPOINTMENT**. Patients without their images will not be assessed.
- Patients with acute fractures must be referred to the Emergency Department, and not acutely to the Knee Clinic.

Please attach a copy of the patient’s medication list and medical diagnoses.

Referring Doctor _________________________________ Date________________

Address/Stamp

Signature _____________________________ Provider Number ______________