



**1300HANDOC**  
THE HAND INJURY MANAGEMENT EXPERTS

## 24 HOUR EMERGENCY NUMBER 1300 426 362

### Speak directly to a Hand Surgeon

Crush injuries | Tendon repairs | Hand lacerations | High pressure injections  
Amputations and replants | Finger tip injuries | Major hand and wrist trauma  
Fracture and dislocations | Burns

### HAND & UPPER LIMB INJURY PATIENT REFERRAL LETTER

Date: \_\_\_\_\_

#### PATIENT DETAILS:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Type of patient:  Private  Work Cover  Other

Workers Comp Ins Co & Claim number (if known): \_\_\_\_\_

Does the patient require transport to our rooms?  Yes  No

#### INJURY & CLINICAL DETAILS:

Hand:  Left  Right Wound:  Open  Closed

Tetanus Shot:  Yes  No Fasting time: \_\_\_\_\_

Injury/Accident Details & Relevant Medical History: \_\_\_\_\_

See over for diagram

#### REFERRING DOCTOR DETAILS:

Doctor Name: \_\_\_\_\_

Location:  Hospital  Practice

Address: \_\_\_\_\_ Contact number: \_\_\_\_\_

Referred by:  ED Hospital  GP  Insurer  Employer  Patient

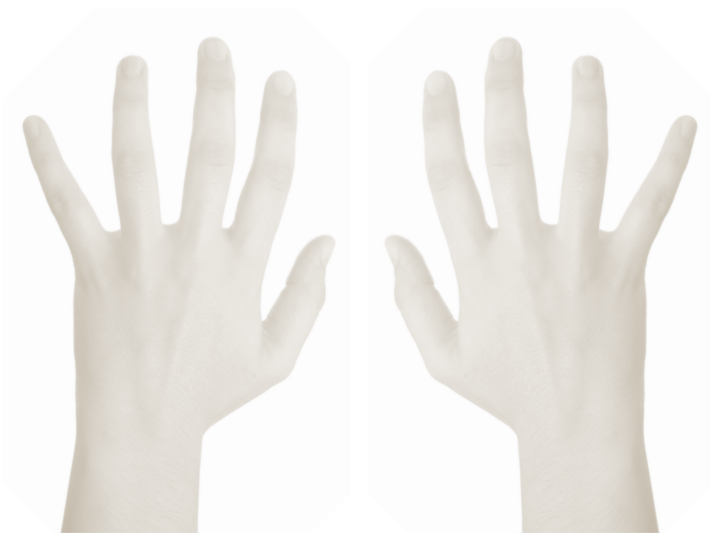
Authorised by: \_\_\_\_\_ Signature: \_\_\_\_\_

### PLEASE FORWARD COPIES OF ANY INVESTIGATIONS

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(See over for directional map)

**Dorsal**



**Volar**

