

# MELBOURNE NEUROSURGERY

228 Cotham Rd

KEW

VIC 3101

PHONE                      FAX  
03 9816 9844    03 9816 9877

Mr/Mrs/Ms/Miss/Master .....

You have an Appointment

On ..... DAY

Date ...../...../..... Time.....

With .....

At the rooms in Malvern

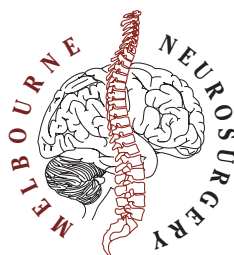
Suite 25  
The Cabrini Hospital  
Isabella St  
**Malvern VIC**

(See Map on reverse)

IT IS IMPORTANT TO BRING ALL CURRENT AND OLD IMAGING  
( Xrays/ CAT SCAN / M.R.I. ) WITH YOU

If you have recieved our information package and this has not been returned by mail the completed forms should also accomany you with the referral letter from your doctor

If you cannot make this Appointment please ring to notify us in advance to organise a new date.



[www.neurosurgery.com.au](http://www.neurosurgery.com.au)

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At Malvern  
(Cabrini Hospital)

