

PERTH BONE & TISSUE BANK

Perth Orthopaedic Institute
Gate 3 Verdun Street,
NEDLANDS, Western Australia, 6009

PO Box 1125
Nedlands WA 6909

Ph: [08] 9386 9300 Fax: [08] 9386 9344
Free call: 1800 801 997
<http://www.perthbonebank.com>

ABN. 53 559 792 381

REFERRAL
for
POTENTIAL FEMORAL HEAD DONATION

Fax completed form to 9386 9344

NAME of SURGEON:

DATE of SURGERY:

HOSPITAL:

APPLY PATIENT LABEL OR
Name; Address:
Date of birth:
Phone:
Mobile:

Has the patient been given a Femoral Head Donation information envelope? **YES / NO**

Is an interpreter required? **YES / NO**

I understand a representative from the Perth Bone & Tissue Bank will contact me regarding completion of the green Femoral Head consent form.

Is there a **BEST** time to phone you? **Please indicate a time if required** _____

This is a referral only and **NOT** an authority to retrieve a Femoral Head