Sydney Spine & Pain Rehab
P: 02 9570 9000 F: 02 9580 3370
E: regain@ssprehab.com.au

Waratah Private Hospital
Suite 206 / Level 2
31 Dora Street Hurstville NSW 2220
Correspondence To
Sydney Spine & Pain Rehab
PO Box 95 Hurstville NSW 1481

Referral Letter

Date: ____ / ____ / ____

Patient Name: _____ Patient D.O.B: _____

Diagnosis: _____

Additional Comments:

_____

_____

Recommended Treatment:

- Comprehensive Multidisciplinary Pain Management Assessment
- REGAIN Multidisciplinary GROUP Pain Management Program
- RESTORE 1:1 Pain Managment Program
- Physiotherapist Pain Management
- Psychologist Pain Management
- Consultant Psychiatrist and Pain Specialist
- Opioid Agonist Therapy

PVT ☐

W/C ☐ Insurer and Claim Number: _____

Other _____

Yours sincerely,

DRs Name:
DRs Provider: