

# CHEST CARE

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**To:**

Dr Dion Grosser  
FRACP  
Interventional Pulmonologist

Re: <Patient Name>  
<Patient Address>  
<DOB>  
<DVA/Medicare No>  
<Phone>

<Date>

Fax: 08 8312 0270

Dear Dr Grosser,

**ASSESSMENT OF SUITABILITY FOR ADVANCE TREATMENT OPTIONS I.E. BRONCHOSCOPIC LUNG VOLUME REDUCTION.**

Thank you for seeing <Patient Name> for an opinion and management of their respiratory condition.

<Clinical Details> (i.e., suspected COPD / Emphysema, symptoms (dyspnoea / SOB on minimal exertion  $mMRC \geq 2$ ), current inhaler therapy, smoking history, Spirometry (i.e.,  $FEV1 < 59\%$ ), exacerbation history).

<Patient History>  
<Other Past Medical History>  
<Other Relevant Information>

Yours Sincerely

<Referring Doctor Name>  
<Provider Number>  
<Contact Details>

**Correspondence:**

<Healthlink/Fax/Other>

\* CHESTCARE IS A PRIVATE PRACTICE WHICH DOES NOT BULK BILL \*