PERTH ORTHOPAEDIC AND SPORTS MEDICINE CENTRE

Dr Doug Kingwell
ORTHOPAEDIC SURGEON MBBS FRACS (ORTHO),
PROV DER NUMBER 2-264*6[illegible]

March 21, 2022

Raymond MORRISON

Dear Raymond,

I am pleased to confirm your appointment with Dr Kingwell at **Perth Orthopaedics and Sports Medicine Centre, 31 Outram Street, West Perth on Monday, 4 April 2022 at 2:30 PM.**

Our fees for consultations are:

New patients / problem	$ 200.00
Follow up visits	$ 110.00
Injection / Aspiration	$ 70.00 - if required - not claimable from Medicare
Brace / Support Products	$ 40 - $ 200 - if required - not claimable from Medicare

Payment is required on the day via EFTPOS or Credit Card ONLY. If you have a motor vehicle accident or worker's compensation case, please advise of all claim details on the day of your initial consultation to avoid any out of pocket expenses.

Please note that a current GP or Specialist referral is required to be able to claim from Medicare, without a current referral we will be unable to claim for you. GP referrals are valid for 12 months, Specialist referrals are valid for 3 months from the date of your first consultation

I have attached a copy of our Patient Information Form, otherwise an interactive PDF can be accessed on our website www.perthortho.com.au Please complete this form and email back to the rooms prior to your appointment - kingwelladmin@perthortho.com.au

Please feel free to contact our office if you have any further questions. If you are unable to attend your appointment please call the rooms on 9212 4200 as early as possible. We look forward to seeing you soon.

Kind Regards

Secretary to
Dr Doug Kingwell
Orthopaedic Surgeon

Patient Information Sheet

PERTH ORTHOPAEDIC AND SPORTS MEDICINE CENTRE

YOUR PRACTITIONER (PLEASE TICK)

Dr Keith Holt	Dr Greg Hogan	Dr Ross Radic	Prof Richard Carey Smith
Dr Greg Witherow	Dr Jen-Ulrich Buelow	Dr Travis Falconer	Dr Daniel Meyerkort
Dr Greg Janes	Dr Antony Liddell	Dr David Wysocki	Dr Doug Kingwall ✓
Dr Peter Annear			

PATIENT DETAILS

Dr / (Mr) / Master / Mrs / Miss / Ms (PLEASE CIRCLE)

First name: RAYMOND | Surname: MORRISON

Date of birth: 19/08/1985 | Under 16: Yes / (No) | Occupation: TRUCK DRIVER

Address: 40 TOLEDO CIRCUIT

Suburb: PORT KENNEDY | Postcode: 6172

Phone (HOME): | Phone (MOBILE): 0459570046

Email (PERSONAL): ray.morrison85@hotmail.com

Medicare No: 6255 81535 7 | Ref: 1 | Expiry: 07/23

Do you have private health insurance? (Yes) / No | Name of fund: HBF

8

Does this include hospital cover? (Yes) / No | Member number: 46213776

Are you within waiting periods? Yes / (No)

Dept Vet Affairs card No: | Gold / White Card

Do you have any allergies? LACTOSE PINEAPPLE

If under 16 years old please provide name of guardian / payee?

Medicare No: | Ref: | Expiry: | Date of birth:

EMERGENCY CONTACT / NEXT OF KIN DETAILS

Next of kin: MIRANDA MORRISON | Relationship: WIFE

Phone (HOME): | Phone (MOBILE): 0431 052 448

REFERRAL DETAILS

Referring Doctor: DR WT MAN | Clinic Name: KWINANA GENERAL PRACTISE

Usual doctor (GP): " | Clinic Name: "

When & where were your last X-rays / MRI? X-RAY 24/2/22 ROCKINGHAM GENERAL, ULTRASOUND SKG 11/3/22

How did you hear about us? CT SCAN PRC 3/3/22

I give my consent for my surgeon to collect, use and disclose my [illegible] Privacy Act 1988 [illegible] consent for my surgeon to collect, use, transfer and store clinical images for purposes of my clinical care [illegible] provide authorisation for my surgeon/the Practitioner to claim the rebate [illegible] from Medicare, should my account remain unpaid.

Signature: [signature] | Date: 21/3/22

This side only applies to workers compensation & motor vehicle accident claims

FOR WORKERS COMPENSATION INJURY

Name of employer: NATES CONTRACTING

Employers Address: 113 DALISON AVE WATTLE UP 6166

Contact name: SALLYANN BAILEY Contact number: 9410 2400

Name of insurance: QBE Accident date: 24/2/2022

Case manager name: Case manager number:

Case manager email: Claim No:

Should this be a new injury and you don't know these details, please check with your employer and telephone your surgeons rooms with this information as soon as possible. Otherwise the account may be forwarded to you. If your claim is not accepted by the insurance company, you will be liable for any invoices raised in the course of your treatment.

FOR MOTOR VEHICLE ACCIDENT INJURY

Date of accident/injury: Claim No

Did your accident happen in WA? Yes No

PLEASE NOTE, if your claim is not accepted by the insurance company, you will be liable for any invoices raised during the course of your treatement

Mr Keith Holt
MBBS FRACS (Ortho), FAOrthA
Provider No: 0428306CF
Knee & Shoulder Surgery
P 08 9212 4200 | F 08 9212 4264
marion@perthortho.com.au
claire@perthortho.com.au

Mr Greg Hogan
MBBS FRACS (Ortho)
Provider No: 0261533CB
Shoulder & Upper Limb Surgery,
Knee and Ankle Surgery
P 08 9212 4200 | F 08 9212 4264
jen@perthortho.com.au

Mr Ross Radic
MBBS FRACS (Ortho) FAOrthA
Provider No: 4365744J
Sports Knee, Shoulder
& Lower Limb Surgery
P 08 9212 4292 | F 08 9212 4214
admin@drossradic.com.au

Prof Richard Carey Smith
BSc (Hons), MBBS, MRCS (Eng), FRCS (TraumOrth), FRACS (Ortho), FAOrthA
Provider No: 4099473K
Oncology Surgery, Hip & Knee Surgery
P 08 9212 4200 | F 08 9463 1429
info@richardcareysmith.com.au

Mr Greg Witherow
MBBS FRACS (Ortho)
Provider No: 0300708H
Hip, Knee & Ankle Surgery
P 08 9212 4200 | F 08 9212 4264
nicleong@perthortho.com.au

Mr Jens-Ulrich Buelow
MD FRACS (Ortho)
Provider No: 2182716W
Knee & Shoulder Surgery
P 08 9212 4200 | F 08 9212 4264
linda@perthortho.com.au
Lee@perthortho.com.au

Mr Travis Falconer
MBBS (Hons) FRACS (Ortho) FAOrthA
Provider No: 2226501W
Shoulder & Elbow Surgery,
Upper Limb Surgery
P 08 9212 4200 | F 08 9212 4264
falconeradmin@perthortho.com.au

Mr Daniel Meyerkort
MBBS FRACS (Ortho) FAOrthA
Provider No: 5318JLK
Hip, Knee, Foot & Ankle Surgery
P 08 9212 4200 | F 08 9212 4264
meyerkortadmin@perthortho.com.au

Mr Greg Janes
MBBS FRACS (Ortho)
Provider No: 0020768T
Hip, Knee & Shoulder Surgery
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janesadmin@perthortho.com.au

Mr Antony Liddell
MBBS FRACS (Ortho), FAOrthA
Provider No: 2472696X
Knee, Shoulder and
Lower Limb Surgery
P 08 9212 4200 | F 08 9212 4264
antony.liddell@perthortho.com.au

Mr David Wysocki
MBBS FRACS (Ortho)
Provider No: 2324311BH
Hip & Knee Arthroplasty
& Revision Surgery
P 08 9212 4200 | F 08 9212 4264
wysockiadmin@perthortho.com.au

Dr Doug Kingwell
MBBS, FRACS (Ortho)
Provider No: 2041677K
Hip, Knee, Shoulder & Trauma Surgery
P 08 9212 4200 | F 08 9212 4264
kingwellsadmin@perthortho.com.au

Mr Peter Annear
MBBS FRACS (Ortho)
Provider No: 0016394F
Lower Limb, Paediatric & Crush Surgery
P 08 9212 4200 | F 08 9212 4264
karen@perthortho.com.au
sylvia@perthortho.com.au

Kwinana
GENERAL PRACTICE

ABN: 60 603 553 779

P O Box 168
Kwinana Town Centre, WA 6966
Phone: (08) 9439 6188
Fax: (08) 9419 3854

WORKER'S COMPENSATION

21/03/2022
31 Outram Street
West Perth WA 6005
Ph: 9212 4200. Fax: 9212 4264

Dear Dr. Doug Kingwell
Orthopaedic.

Re: Mr Raymond Morrison
Sex: Male DOB: 19/08/1985 Medicare:6255815357
40 Toledo Circuit
Port Kennedy 6172
0459570046 0459570046

Thank you for seeing Mr Raymond Morrison who is known to have attention deficit disorder.
He sustained injury at work on 24/02/2022 when he was moving a piece of fencing with his right ankle planted on the ground and his body fell to the right side. His whole body weight went over to the right ankle and he heard a 'pop' in his ankle. Xray in Rockingham Hospital was reported no fracture.

Examination: He is in CAM boot and walking with arm crutches. Right ankle is swollen. There is tenderness over right lateral malleolus and bruise on right lateral inferior malleolus.

CT scan right ankle was normal. However ultrasound showed **high grade to full thickness tear of the AITFL, full thickness tear of the ATFL and moderate sprain of the CFL**

I am referring him to you for further evaluation and management in view of the severity and persistence of pain with no improvement with conservative management. Your expert opinion is greatly appreciated. Thank You.

Yours truly,
Waytern Mah
Dr. Way Tern Mah
MBBS, FRACGP
Provider:5345301J

Investigations:

MORRISON, RAYMOND
Birthdate: 19/08/1985 **Sex:** M **Medicare Number:** 62558153571
Your Reference: 12204426 **Lab Reference:** 12204426
Laboratory: Perth Rad Clinic
Addressee: DR WAY TERN MAH **Referred by:** DR WAY TERN MAH

Name of Test: CT RIGHT ANKLE
Requested: 03/03/2022 **Collected:** 03/03/2022 **Reported:** 03/03/2022 16:34

Perth Radiological Clinic

This report is for: Dr W. T. Mah
Referred By:
Dr W. T. Mah

CT RIGHT ANKLE 03/03/2022 Reference: 12204426

PRC MRN: FCG898Z

CT RIGHT ANKLE

Clinical Details: Injury at work 24/2/2022. Felt a "pop". Tender swelling lateral malleolus.? Fracture or ligament tear.

Findings: Alignment is normal.
No fracture detected.
No CT evidence of an osteochondral defect of the talar dome or tibial plafond.
There is anterolateral hindfoot subcutaneous oedema extending into the dorsal foot. There is mild posteromedial subcutaneous oedema.
There is poor definition to the anterior inferior tibiofibular ligament suggestive of a tear/sprain. The ATFL appears thickened. The CFL is normal.
The periarticular ankle tendons appear intact.

Comment: No fracture.
Suspected injury to the anterior inferior tibiofibular ligament. This could be confirmed with ultrasound or MRI. The ATFL also appears somewhat thickened.

Radiologist: Dr Robert Nairn
Perth Radiological Clinic PRC Rockingham

MORRISON, RAYMOND
40 TOLEDO CCT, PORT KENNEDY WA, PORT KENNEDY. 6172
Birthdate: 19/08/1985 **Sex:** M **Medicare Number:**
Your Reference: **Lab Reference:** MAN10463571-RIGHT ANKLE OR HIND FOOT ULTRASOUND
Laboratory: SKG
Addressee: DR WAY TERN MAH **Referred by:** WAY TERN DR MAH

Name of Test: RIGHT ANKLE OR HIND FOOT ULTRASOUND
Requested: 10/03/2022 **Collected:** 11/03/2022 **Reported:** 11/03/2022 10:24

Apollo RIS Patient Id : SKG2187578
Patient Name : MORRISON RAYMOND **DOB :** 19/08/1985 **Service Date :** 11/03/2022

ULTRASOUND RIGHT ANKLE

Clinical History: Right ankle pain and swelling, fall/injury at work on 24/02/2022. CT ankle - no fractures. Suspected injury to AITFL and ATFL.

Findings: The AITFL is ill-defined, heterogeneous associated with moderate peri ligamentous fluid/debris and indicating at least high grade to near total thickness full tears. The ATFL is not seen and indicates complete/full thickness tear. The CFL is thin and heterogeneous indicating moderate sprain.

Both peroneus longus and brevis tendons are normal. Lateral band of plantar fascia is normal. No subtalar joint effusion.

The deltoid ligament complex is normal. No medial compartment tendon abnormality.

No ankle joint effusion. Extensor tendons are intact.

Comment
At least high grade to full thickness tear of the AITFL.
Full thickness tear of the ATFL.
Moderate sprain of the CFL.

Thank you for your referral.

Yours sincerely,

Dr Nalaka Premarathna - SKG Radiology

(Sonographer: J Lau)

To view your patient images, please use the following link;

Click here

We are telehealth ready - visit https://skg.com.au/referrers/skg-radiology-telehealth/ for referrer guide and telehealth forms.

For more information, please email referrer.services@skg.com.au