Patient Name:	Date:	REFERRAL

(please tick) \ Referral for consult & assessment of patient for

		ш
	☐ Varicose Veins	Duplex Ultrasound Scan for assessment & treatment of:
Support (no out of pocket)	Pregnancy Vein	can for assessment
<u><u><u> </u></u></u>		

Spider Veins

DVT / Swollen Leg

Malformations	☐ Venous	Investigation	Congestion	☐ Pelvic Veins
☐ Other		☐ Lymphoedema	☐ Lipoedema	

Patient History:
Referring Practitioner:
Signature:

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COLLEGE OF PHILEBOLOGY



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Doctor for Referral ☐ Dr Chris Lekich

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Dr Gilles Laur

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Dr Stuart McMaster Phlebologist, FACP, MBCHB,

IDD UGraz (with distinction) FRACGP, GCHS USyd,

☐ Dr Nicholas Teo BA, MA, MBBS, MRCS, FRCS, MD, FRACS

Patient History:

☐ Dr Jane Cross

Certified Sclerotherapist (ACP) BSc, MBBS (UQ), FRACGP.

Dr Kim Jackman FRACGP, MBBS, BSc, DAME

Signature

Provider Number and Address

Dr Paris Pearce MBBS, BHSc

Provider Number and Address:

Locations

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Brisbane Toowoomba

Sydney Ballina

Melbourne • Mackay Cairns

REFERRAI

Patient Name

Date:

Referral for consult & assessment of patient for

(please tick) ✓

Duplex Ultrasound Scan for assessment & treatment of:

☐ Varicose Veins Spider Veins Pregnancy Vein Support (no out of pocket)

Dr Gilles Laur

DVT / Swollen Leg

Pelvic Veins Congestion

Lipoedema

Venous Investigation

Lymphoedema

Malformations ☐ Other

Referring Practitioner:



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