

REFERRAL

Date: _____

Patient Name: _____

DOB: _____

Referral for consult & assessment of patient for

(please tick) ✓

☐ Duplex Ultrasound Scan for assessment & treatment of:

- | | |
|-----------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Pregnancy Vein Support (no out of pocket) |
| <input type="checkbox"/> Spider Veins | <input type="checkbox"/> DVT / Swollen Leg |
| <input type="checkbox"/> Pelvic Veins | <input type="checkbox"/> Lipoeidema |
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Lymphoedema |
| <input type="checkbox"/> Investigation | |
| <input type="checkbox"/> Venous Malformations | <input type="checkbox"/> Other |

Patient History: _____

Referring Practitioner: _____

Signature: _____

Provider Number and Address: _____



VEINDOCTORS GROUP

The trusted experts in vein treatments

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Doctor for Referral

☐ **Dr Chris Lekich**

Phlebologist, FACP, MBBS (Gold), JD Barister at Law (Solic), MBA, Medical Director Vein Doctors Group CEO Miami Private Hospital

☐ **Dr Gilles Laur**

Phlebologist, FACP, MBBS, FRACGP, FASlMS, Dr of Medicine (France), DIPSCCA, AAACD

☐ **Dr Stuart McMaster**

Phlebologist, FACP, MBChB, FRACGP, GCHS USyd, IDD UGraz (with distinction)

☐ **Dr Jane Cross**

BA, MA, MBBS, MRCS, FRCS, MD, FRACS

☐ **Dr Nicholas Teo**

BSc, MBBS (US), FRACGP, Certified Sclerotherapist (ACP)

☐ **Dr Kim Jackman**

FRACGP, MBBS, BSc, DAME

☐ **Dr Paris Pearce**

MBBS, BHSc

Locations

Gold Coast Head Office

Miami Private Hospital & Specialist Centre
24 Hillcrest Parade, Miami QLD 4220

- | | |
|-------------|-------------|
| • Brisbane | • Toowoomba |
| • Sydney | • Ballina |
| • Melbourne | • Mackay |
| • Cairns | |



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