REFERRAL

Date:		VEINDOCTORS	
Patient Name:		GROUP	
Patient Phone Number:		The trusted experts in vein treatments	
Date of Birth:			
Referral for consult & assessme $(please\ tick)$	ent of patient for -	Doctor for Referral	
 □ Duplex Ultrasound Scan for □ Varicose Veins □ Spider Veins □ Pelvic Veins Congestion Investigation □ Venous Malformations Patient History:	 □ Pregnancy Vein Support (no out of pocket) □ DVT / Swollen Leg □ Lipoedema □ Lymphoedema □ Other 	□ Dr Chris Lekich Phlebologist, FACP, MBBS (Qld), JD Barrister at Law (Qld), MBA, GAICD, Medical Director Vein Doctors Group, CEO Miami Private Hospital □ Dr Stuart McMaster Phlebologist, FACP, MBCHB,FRACGP, GCHS USyd,IDD UGraz (with distinction) □ Dr Nicholas Teo BSc, MBBS (UQ), FRACGP, Certified Sclerotherapist (ACP) □ Dr Kim Jackman BSc, MBBS (Qld), FRACGP, DAME, Certified Sclerotherapist (ACP)	
Referring Practitioner:		Locations	



Signature:_____

Provider Number and Address:

PH: 1800 4 VEINS (1800 483 467) www.veindoctorsgroup.com.au

Gold Coast Head Office

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