



Lipoedema
Surgical Solution
walk with freedom

REFERRAL

Date: _____

Patient Name: _____

DOB: _____

Referral for consult & assessment of patient for

(please tick) **Lipoedema diagnosis and management**
 Venous disease

Patient History: _____

Referring Practitioner: _____

Signature: _____

Provider Number and Address: _____

Doctor for Referral

Dr Chris Lekich
*M.B., B.S. (Qld), JD, MBA
Barrister at Law (Qld), FACP
Director of Lipoedema Surgical Solution*

Location

Gold Coast
*Miami Specialist Centre
24 Hillcrest Parade, Miami QLD 4220*

Melbourne
*62 Wellington Parade
East Melbourne VIC 3002*

Brisbane
*Suite 13, Level 1, PA Central Building
250 Ipswich Road, Buranda QLD 4102*

Cairns
*Apple Tree Medical, 2 Cumberland Ave
Smithfield QLD 4878*

Sydney
*Level 7, 44 Miller Street
North Sydney NSW 2060*

Mackay
*Mackay Specialist & Day Surgery
85 Willetts Road, Mackay QLD 4740*



PH: 1800 FOR LEGS (1800 367 534)
www.lipoedemasurgicalsolution.com
New referral pad orders available on our website



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