



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:

Dr Christopher Lekich

MBBS, FACP, MBA | Medical Director Lipoedema Surgical Solution
CEO Miami Day Hospital | Medical Director Vein Doctors Group

1800 FOR LEGS | 1800 367 534

lipoedemasurgicalsolution.com

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AUSTRALIA WIDE
HEAD OFFICE

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



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