

# REFERRAL

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



## Referral for consult & assessment of patient for -

- (please tick)   Lipoedema diagnosis & management  Seroma management with ultrasound guidance
- Venous disease  Hole in the heart exclusion tests via transcranial doppler scan
- Swollen legs

Patient History: \_\_\_\_\_

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Referring Practitioner: \_\_\_\_\_

Signature: \_\_\_\_\_

Provider Number and Address:

### Dr Christopher Lekich

Phlebologist, FACP, MBBS (Qld),  
JD Barrister at Law (Qld), MBA, GAICD,  
Medical Director Lipoedema Surgical Solution,  
CEO Miami Private Hospital

### Dr Nicholas Teo

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

 1800 FOR LEGS | 1800 367 534

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