



Peter Y.
Milne

F.R.A.C.S., F.R.C.S. (Eng),
F.A.C.S.
Provider No: 0222784T
Vascular & Endovascular
Surgeon

Name:

Date of Birth:

Address:

Telephone (H):

Telephone (M):

REFERRED FOR

- Duplex Scan for vein assessment
- Duplex Veins + Consult with Surgeon

CLINICAL DETAILS

- Varicose Veins
- Dermal Venules
- Dermatitis, Inflammation, Clots

REFERRING DOCTOR DETAILS

PATIENT CATEGORY

- Privately Insured
- Uninsured
- Aged Pensioner

Referring Doctor's Signature _____ Date: _____



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