

Peter Y. Milne

F.R.A.C.S., F.R.C.S. (Eng),
F.A.C.S.

Provider No: 022278EF
Vascular & Endovascular Surgeon



Name:

Date of Birth:

Address:

Telephone (H):

Telephone (M):

REFERRED FOR

- Arterial Problem
- Venous Problem

VENOUS CLINICAL DETAILS

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

ARTERIAL CLINICAL DETAILS

- Carotid Disease
- Aortic Aneurysm
- Peripheral Vascular

REFERRING DOCTOR DETAILS

PATIENT CATEGORY

- Privately Insured
- Uninsured
- Aged Pensioner

Doctor's Signature and Provider Number _____ Date: _____



a branch of



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