

# Brisbane Aesthetic and Plastic Surgery Centre

Dr Eddie Cheng MBBS (Qld) FRACS (Plast)

Plastic and Reconstructive Surgeon

## REFERRAL FORM

### Patient Details

Name.....
DOB.....
Address.....
.....
Telephone.....

### Reason for Referral (please tick)

<b>Skin</b>
<input type="checkbox"/> BCC <input type="checkbox"/> SCC <input type="checkbox"/> Melanoma <input type="checkbox"/> Other.....
<b>Cosmetic Surgery</b>
<b>Breast</b>
<input type="checkbox"/> Breast Augmentation <input type="checkbox"/> Breast Reduction <input type="checkbox"/> Breast Lift
<b>Body Contouring</b>
<input type="checkbox"/> Abdominoplasty <input type="checkbox"/> Liposuction
<b>Face</b>
<input type="checkbox"/> Blepharoplasty <input type="checkbox"/> Face Lift <input type="checkbox"/> Otoplasty <input type="checkbox"/> Rhinoplasty
<b>Non-invasive</b>
<input type="checkbox"/> Botox <input type="checkbox"/> Filler
<b>Hand</b>
<input type="checkbox"/> Carpel Tunnel <input type="checkbox"/> Dupuytren's Contracture <input type="checkbox"/> Trigger Finger
<b>Reconstructive Plastic Surgery</b>
<input type="checkbox"/> Breast Reconstruction <input type="checkbox"/> Head & Neck Reconstruction
<b>Other (please give details)</b>

### Brief Clinical Details

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### Referring Doctor

Name.....
Provider No.....
Signature.....
Date of Referral.....