

Request for consultation

We recommend that you: (1) complete your details (2) save this PDF to your computer for future use.

You are welcome to fax this to 07 3831 4387 though we prefer receipt through Medical Objects.

Please note that you or the patient still needs to ring us on 07 38314382 to make their appointment.

Date of referral _____ / _____ / _____

Referring to

ADJ. ASSOC. PROF. GREGORY SILLER

M.B.B.S. (Qld)
F.A.C.D.
(Provider No: 341444A)

ASSOC. PROF. ERIN MCMENIMAN

B.Sc., M.B.B.S., F.R.A.C.G.P.
M.P.H., F.A.C.D.
(Provider No: 253323BF)

DR. YIT NAH LAU

M.B.Ch.B. (Dundee), Dip Derm (Glasgow)
M.R.C.P. Derm (UK), F.A.C.D.
(Provider No: 4899101T)

Patient details

Name _____
First _____ Last _____

Address _____

Suburb / City _____ State / Province / Region _____

Post Code _____ Country (if outside Australia) _____

Phone () _____ **Date of birth** _____ / _____ / _____

Medication _____

**Patient history
& referral details**

Referring doctor details

Name _____
First _____ Last _____

Address _____

Suburb / City _____ State / Province / Region _____

Post Code _____ Country (if outside Australia) _____

Provider no _____

Phone () _____ **Fax** () _____

Signature _____