



**PLASTIC & RECONSTRUCTIVE  
SURGERY REFERRAL**

p: 6388 4442 f: 6384 2002

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**PATIENT DETAILS**

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

Sex: F  M  Other  Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref No: \_\_\_\_ Private Health No: \_\_\_\_\_ Ref No: \_\_\_\_

**CLINICAL DETAILS**

Medical History/Medications: \_\_\_\_\_

\_\_\_\_\_

Specific Clinical Query: \_\_\_\_\_

\_\_\_\_\_

Other Necessary Information: \_\_\_\_\_

\_\_\_\_\_

**CONSULTATION**

DR ANH NGUYEN  
Plastic Surgeon

**REFERRING DOCTOR**

Name: \_\_\_\_\_ Provider No: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Send copy of report to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_