**WAVERLEY PARK OPERATING ROOM**

**PRIVATE MINOR SURGERY - REFERRAL**

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| **Patient Identification Label**  **Referring GP** | body  Please indicate the position of the lesion | |
| **ONLY AVAILABLE PRIVATELY AT WAVERLEY PARK OPERATING ROOM** |  | |
| **Please tick below** |  | |
| **Dermofibromas/ Lipomas** | |  |
| **Cysts that have not been infected** | |  |
| **Xanthelasmas** | |  |
| **Benign Moles** | |  |
| **Neurofibromas** | |  |
| **Skin Tags** | |  |
| **Any benign lesion** | |  |

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| Referral Type | **Private** | |
| Diagnosis |  | |
| Reason for Referral |  | |
| P.M.Hx |  | |
| Rx |  | |
| Allergies |  | |
| High Risk Infection | YES NO | HIV Hep B Hep C |