**WAVERLEY PARK OPERATING ROOM**

**PRIVATE MINOR SURGERY - REFERRAL**

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| **Patient Identification Label** **Referring GP** | bodyPlease 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 |