

Date -

Doctor Gertrude Behan,

Thank you for seeing;

Name –

Date of Birth –

Address –

Contact Number –

Medicare number –

I would like to refer them to you for treatment of;

* Rosacea
* Veins/ broken capillaries
* Pigmentation
* Acne Scarring
* Laser toning

Further comments –

Kind regards –

Doctors Name

Doctors signature –

Doctors stamp -