

# Referral

## Patient Details

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

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

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Date of birth: / /

## Clinical Notes

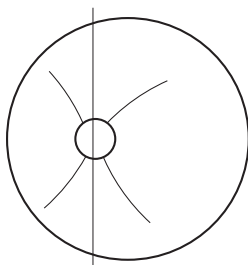
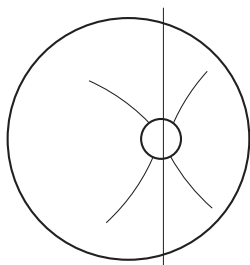
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Visual Acuity

Right: \_\_\_\_\_ Left: \_\_\_\_\_

## Refraction

Right: \_\_\_\_\_ Left: \_\_\_\_\_



## Referring Details

Date: / /

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

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

Phone: \_\_\_\_\_ Provider No: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

- Cataract
- Glaucoma
- Strabismus
- Medical Retina
- Vitreo - Retinal /  
Surgical Retina
- Corneal
- Uveitis
- Oculo Plastics
- Paediatric
- Other

Please name your preferred specialist(s), if known:

\_\_\_\_\_  
\_\_\_\_\_

## Important

- ▶ Allow approximately 1-1.5 hours for your appointment.
- ▶ Drops may be administered to dilate your pupils which may mean you will be unable to drive for 1-2 hours.
- ▶ Please bring current glasses to your appointment.
- ▶ Please bring current Medicare, DVA, Concession and Private Health Card.
- ▶ Current list of medications.

eyemedics.com.au



57 Greenhill Road  
Wayville SA 5034  
T 08 8273 1600  
F 08 8273 1699



Unit 1 279 Main South Road  
Morphett Vale SA 5162  
T 08 8326 6900  
F 08 8326 4494



17 Moseley Street  
Glenelg SA 5045  
T 08 8294 5222  
F 08 8326 4494