

Referral

Patient Details

Name: _____
Address: _____

Phone: (H) _____ (M) _____
Date of birth: / / _____

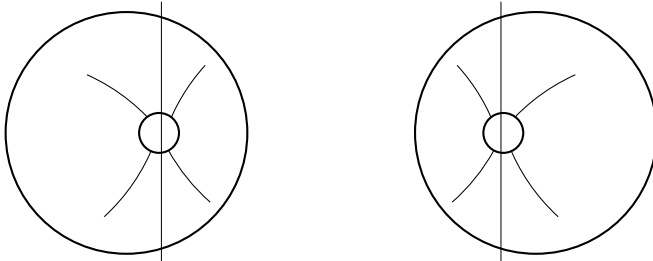
Clinical Notes

Visual Acuity

Right: _____ Left: _____

Refraction

Right: _____ Left: _____



Referring Details

Date: / / _____
Name: _____
Address: _____

Phone: _____ Provider No: _____
Email: _____
Signature: _____

- Dr Mark Perks
 - Dr Richard Mills
 - Dr Jamie Craig
 - Dr John Landers
 - Dr Stewart Lake
 - Dr Niladri Saha
 - Dr Katie Billing
 - Dr Jern Yee Chen
 - Dr Susie Luu
 - Dr Tim Greenwell
 - Dr Katja Ullrich
 - Dr Michelle Baker
 - Dr Devaraj Supramaniam
-
- Cataract
 - Glaucoma
 - Strabismus
 - Medical Retina
 - Vitreo – Retinal/
Surgical Retina
 - Corneal
 - Uveitis
 - Oculo Plastics
 - Paediatric
 - Other

Important

- ▶ Allow approximately 1 hour 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