



Essendon Eye Clinic & Laser Centre

154-160 Buckley St,
Essendon 3040
(Cnr.McPhail St)

Phone: (03)9331 4402

Fax: (03) 9331 3755

PATIENT REFERRAL FORM

Reason for Referral:

- | | |
|---|--|
| <input type="checkbox"/> Urgent Assessment | <input type="checkbox"/> General Assessment |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Contact Lens Fitting |
| <input type="checkbox"/> Diabetes Assessment | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Excimer Laser Assessment | <input type="checkbox"/> Difficulty with Near Vision |
| <input type="checkbox"/> Loss of Vision | <input type="checkbox"/> Strabismus / Squint |
| <input type="checkbox"/> Childhood Visual Screening | |

Patient Information:

Patient's Name:

Address:

Phone No:

Clinical Notes:

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Referring Doctor Information:

Name: Provider No:

Address:

Phone: Fax: Signature:

Referral Valid: 3 months (Specialist) 12 months

- Referral To:*
- | | | |
|--|--|--|
| <input type="checkbox"/> Dr Colin Sheppard | <input type="checkbox"/> Dr Marc Sarossy | <input type="checkbox"/> Dr Tow Lim |
| <input type="checkbox"/> Dr Michael Shiu | <input type="checkbox"/> Dr Bryan Matthews | <input type="checkbox"/> Dr Christopher Chan |
| <input type="checkbox"/> Dr Mark Daniell | <input type="checkbox"/> Dr Khami Satchi | <input type="checkbox"/> Dr Rahul Chakrabart |

Appointment Details:

Date:.....

Time: