



- Dr R. Fitzsimons** Cataract, Strabismus, Refractive Surgery
- Dr J. Arnold** Cataract, Retinal, General Ophthalmology
- Dr L. Koh** Cataract, Glaucoma General, Ophthalmology
- Dr S. Liew** Cataract, Corneal, General Ophthalmology
- Dr A. Agar** Cataract, Glaucoma General, Ophthalmology
- Dr B. Banerjee** Diabetic Retinal, General Ophthalmology
- Dr R. Ghabrial** Ocular Plastics, Orbital, Lacrimal Surgery
- Dr K. Kang** Vitreoretinal Surgery
- Dr J. Byrne** General Ophthalmology
- Dr N. Saad** General Ophthalmology
- Dr D. Chan** Cataract, Retinal, General Ophthalmology
- Dr J. Chang** Medical Retina, Uveitis
- Dr H. Cass** General Ophthalmology
- Dr C. Ross** Corneal, General Ophthalmology
- Dr E. Figueira** Ocular Plastics, General Ophthalmology
- Dr T. Tan** Cataract, Retinal, General Ophthalmology
- Dr N. Paramanathan** Strabismus, General Ophthalmology

REFERRAL

PATIENT NAME: _____ D.O.B. / /

ADDRESS: _____

REASON FOR REFERRAL

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Decreased Vision | <input type="checkbox"/> Foreign Body | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Ocular Plastics |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Pterygium | <input type="checkbox"/> Retinal | <input type="checkbox"/> Squint |
| <input type="checkbox"/> Refractive surgery | <input type="checkbox"/> Orthopic Clinic | <input type="checkbox"/> Visual Field | <input type="checkbox"/> Corneal Topography |

Other: _____

REFERRING OPTOMETRIST/G.P.

Name: _____ Provider Number: _____

Address: _____ Telephone: _____

Email: _____

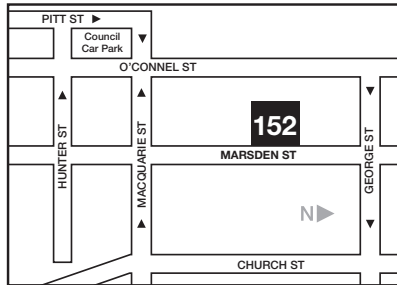
Signed: _____ Date: _____

PARRAMATTA: 152 Marsden Street, Parramatta 2150 **TEL:** 9635 7077 **FAX:** 9893 9518
CASTLE HILL: 19/7-9 Barwell Avenue, Castle Hill 2154 **TEL:** 9634 6364 **FAX:** 9894 9094
PENRITH: 295 High Street, (entrance Evan Street) Penrith 2750 **TEL:** 4731 1811 **FAX:** 4731 1670

Practice hours: Monday- Friday 8.00am – 4.30pm

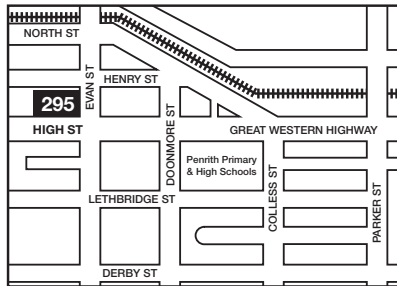
PARRAMATTA

152 Marsden St
Parramatta 2150
Tel: 9635 7077



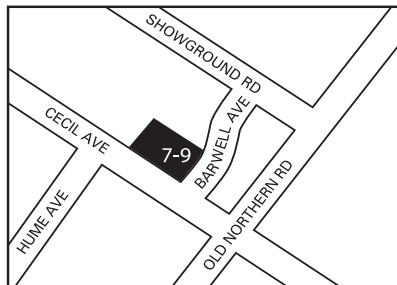
PENRITH

295 High St
(entrance Evan St)
Penrith 2750
Tel: 4731 1811



CASTLE HILL

19/7-9 Barwell Ave
Castle Hill 2154
Tel: 9634 6364



FOR YOUR APPOINTMENT

- Please bring current glasses/sunglasses.
- Please bring a list of medications, and any allergies.
- You are advised not to drive as your pupils will be dilated.
- Name of your GP & Optometrist (full address & phone number).
- Please bring Medicare or any Centrelink, Pension or Healthcare card.
- Allow 2–3 hours for the first consultation.