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|--------------------|---|
| 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 J. Chang | Medical Retina, Uveitis |
| Dr H. Cass | Cataract, Medical Retina, 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 |
| Dr S. Dance | Cataract, Glaucoma, Medical Retina, General Ophthalmology |
| Dr P. Shah | Cataract, Paediatrics, 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"/> Orthoptic Clinic | <input type="checkbox"/> Visual Field | <input type="checkbox"/> Corneal Topography |

Other:

REFERRING OPTOMETRIST/G.P.

Name:

Provider Number:

Address:

Telephone:

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 |

Email: admin@marsdeneye.com **Website:** www.marsdeneye.com.au

ABN: 40 269 926 964

Practice hours: Monday- Friday 8.00am – 4.30pm

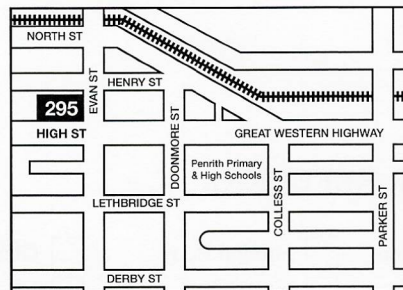
PARRAMATTA

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.