



- 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: \_\_\_\_\_

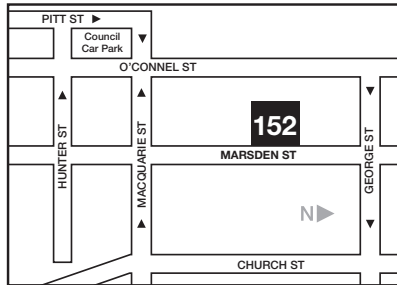
---

**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**

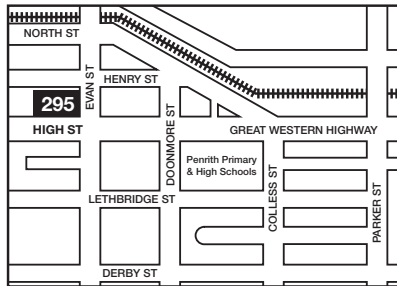
**PARRAMATTA**

152 Marsden St  
Parramatta 2150  
Tel: 9635 7077



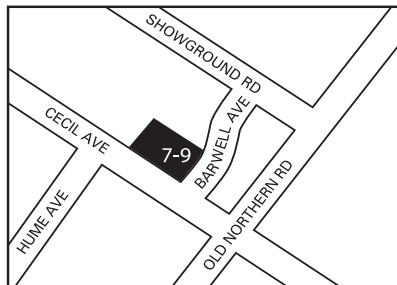
**PENRITH**

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.