



Dr L Koh	Cataract, Glaucoma, General Ophthalmology
Dr S Liew	Cataract, Corneal diseases (Keratoconus), General Ophthalmology
Prof A. Agar	Cataract, Glaucoma, General Ophthalmology
Dr T Tan	Cataract, Medical Retina, General Ophthalmology
Dr S Dance	Cataract, Refractive Surgery, Medical Retina, Glaucoma, General Ophthalmology
Dr R Fitzsimons	Cataract, Refractive Surgery & Strabismus (Adult, Paediatrics), General Ophthalmology
Dr J Arnold	Cataract, Retinal, Macular diseases, General Ophthalmology
Dr J Byrne	General Ophthalmology
Dr N Saad	Neuro Ophthalmology with specific interest in Ocular Motility, General Ophthalmology
Dr K Kang	Medical Retinal, Vitreoretinal Surgery, General Ophthalmology
Dr H Cass	Cataract, Medical Retina, General Ophthalmology
Dr E Figueira	Oculoplastics (Eyelid), Orbital, Lacrimal (Tear Duct) Surgery, General Ophthalmology
Dr S Yeung	Cataract, Corneal diseases, General Ophthalmology
Dr N Younan	General Ophthalmology
Dr J Gong	Cataract, 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

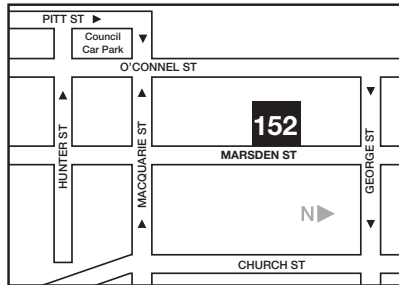
Email: enquiry@marsdeneye.com **Website:** www.marsdeneye.com.au

ABN: 40 269 926 964

Practice hours: Monday- Friday 8.00am – 4.30pm

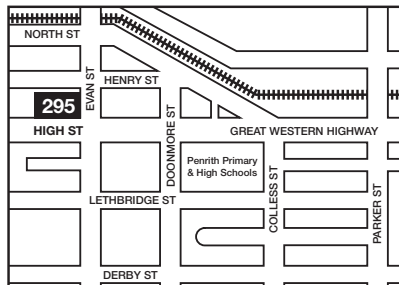
PARRAMATTA

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 and any Centrelink, Pension or Healthcare card
- Allow 3 hours for the first consultation.