

Referral



URGENT APPOINTMENT?

Please call (08) 9301 0060 to book



Northern Eye Surgeons
Unit 1/ 1 The Gateway,
Edgewater WA 6027

P (08) 9301 0060
F (08) 9301 0610

Patient Details

FIRST NAME	SURNAME	CONTACT PHONE #
ADDRESS		SUBURB
		POSTCODE
REASON FOR REFERRAL:		
<input type="checkbox"/> MACULAR DEGENERATION - WET	<input type="checkbox"/> FLASHES AND FLOATERS	
<input type="checkbox"/> MACULAR DEGENERATION - DRY	<input type="checkbox"/> PTERYGIUM	
<input type="checkbox"/> RETINAL VEIN OCCLUSION	<input type="checkbox"/> OTHER? PLEASE SPECIFY:	
<input type="checkbox"/> CATARACT	_____	
<input type="checkbox"/> DIABETIC RETINOPATHY	_____	

Visual Acuity

UNAIDED VA Left: Right:	BEST CORRECTED VA Left: Right:	PINHOLE VA Left: Right:
INTRAOCULAR PRESSURE Left: Right:	OTHER (Please specify)	
VISUAL ACUITY Left: Right:	CURRENT PRESCRIPTION Left: _____ sph / _____ x _____ cyl _____ add Right: _____ sph / _____ x _____ cyl _____ add	

Referrer Details

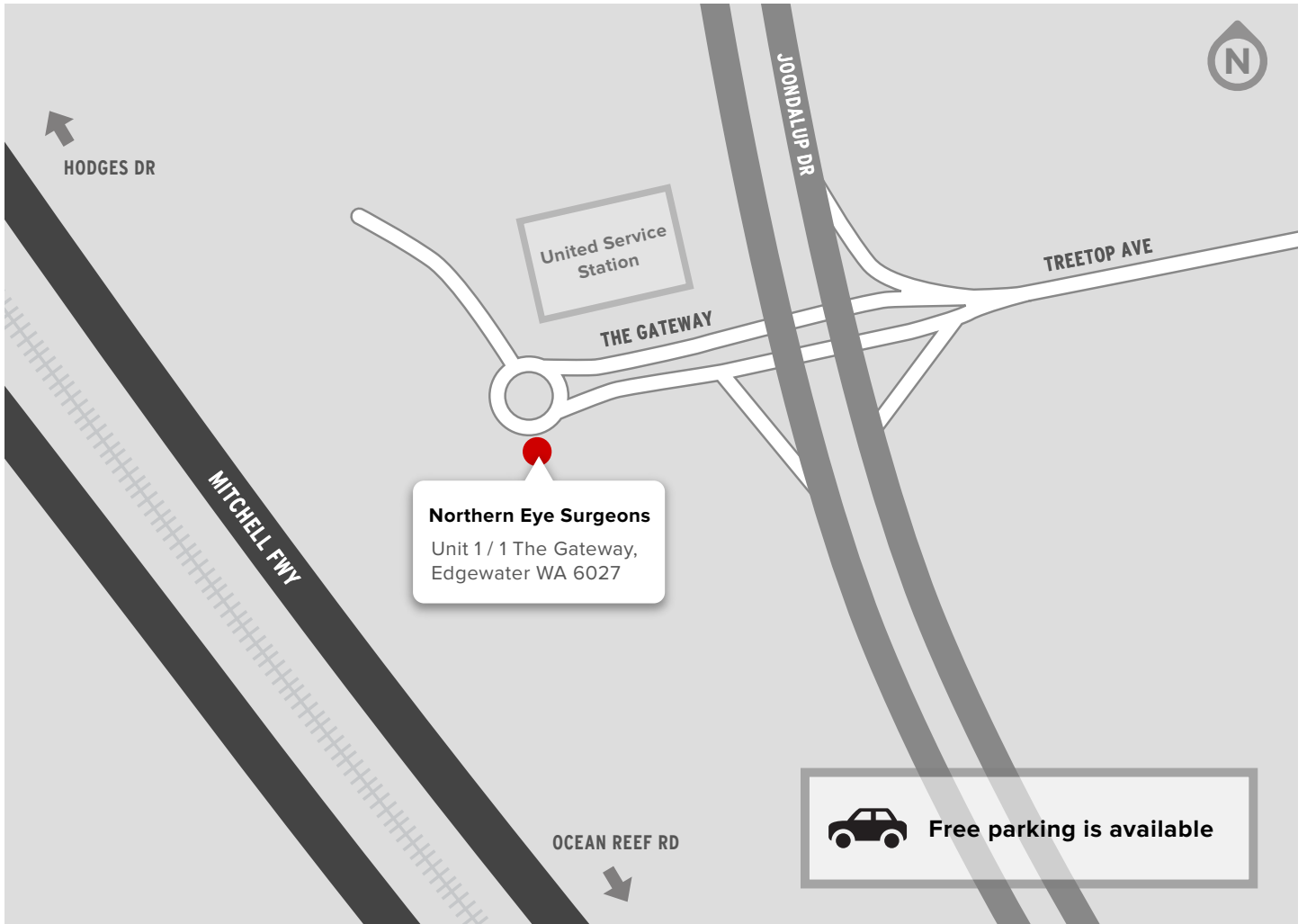
TITLE <input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Dr	FIRST NAME	SURNAME
CONTACT PHONE #	PROVIDER NUMBER	
ADDRESS / PRACTICE	SUBURB	
	POSTCODE	
SIGNATURE	DATE OF REFERRAL / /	

Getting Here

Location Map

Unit 1 / 1 The Gateway,
Edgewater WA 6027

(08) 9301 0060



Please remember:



Bring this referral to allow you to claim your Medicare rebate.



Bring your current medication list and current spectacles.



Please bring sunglasses to protect your eyes, as the anaesthetic and drops will make your eyes dilate.



Do not drive as your eyes may be dilated



Payment on day is required. Northern Eye Surgeons accept cash, EFTpos and major credit cards.



Please allow 2-3 hours for your appointment.