

Patient Referral

Name _____

D.O.B _____

Phone _____

Reason for referral

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Ocular
Surface Tumour | <input type="checkbox"/> Dry Eye Clinic |
| <input type="checkbox"/> Pterygium | <input type="checkbox"/> Keratoconus
Care Clinic | <input type="checkbox"/> Refractive
Surgery |
| <input type="checkbox"/> Cornea | <input type="checkbox"/> Other (please specify)
_____ | |

History _____

Refraction R _____ L _____

Referring Practitioner

Provider No: _____ Date _____

Name _____

Address _____

Signature _____

Dr Andrew Apel

*MBBS (Qld) FRANZCO
Fellowship University
of Toronto*

*Corneal Surgery and
External Eye Disease*

Ophthalmologist

Dr John Hogden

*MBBS (UNSW)
BMedSc FRANZCO*

*Fellowship University of
British Columbia (UBC)*

*Corneal, Anterior
Segment and
Refractive Surgeon*

Ophthalmologist