The Eye Health Centre

theeyehealthcentre.com.au
info@theeyehealthcentre.com.au
Fax 07 3831 4304

Patient Referral

Name _____

D.O.B _____

Phone _____

Reason for referral

- ☐ Cataract
- ☐ Epiretinal Membrane
- ☐ Macular Hole
- ☐ Vitreomacular Traction
- ☐ Macular Degeneration
- ☐ Diabetic Retinopathy
- ☐ Inherited Retinal Disease
- ☐ Other Macular Pathology
- ☐ Retinal Tear
- ☐ Retinal Detachment
- ☐ Other (please specify) _____

History _____

Refraction R _____ L _____

Referring Practitioner

Provider No. _____ Date _____

Name _____

Address _____

Signature _____

Dr Gurmit Uppal

MBBS (Hons), BSc (Hons) MD, FRCOphth (UK), FRANZCO

Consultant Vitreo-Retinal Ophthalmic Surgeon