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

☐ Vitreomacular Traction	☐ Epiretinal Membrane	☐ Macular Hole
☐ Inherited Retinal Disease	☐ Macular Degeneration	☐ Diabetic Retinopathy
☐ Retinal Detachment	☐ Other Macular Pathology	☐ Retinal Tear

☐ Other (please specify) ____________________

History ____________________

Refraction R ______ L ______

Dr Michael Hogden

BSc MBBS (Hons) FRANZCO DAO

Medical Retina Fellowship (Oxford UK)

Vitreoretinal Fellowship (Bristol UK)

Ophthalmologist

Referring Practitioner

Provider No. ____________________ Date ____________________

Name ____________________

Address ____________________

Signature ____________________

Wynnum 07 3026 2600 | 93 Clara Street, Wynnum QLD 4178