



The Eye Health Centre

Patient Referral

Name _____

D.O.B _____

Reason for referral

- Cataract
- Pterygium
- Cornea
- Ocular Surface Tumour
- Keratoconus Care Clinic
- Other
- Dry Eye Clinic
- Refractive Surgery

please specify: _____

History

Refraction R _____ L _____

Dr Andrew Apel
 MB BS (Qld) FRANZCO
 Fellowship University of Toronto
 Corneal Surgery and External Eye Disease
OPHTHALMOLOGIST

Dr John Hogden
 MB BS (UNSW)
 BMed Sc FRANZCO
 Cornea, Anterior Segment and Refractive Surgeon
OPHTHALMOLOGIST

Jason Holland
 B App Sci (Optom)
 GradCert OcTher
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Phuc Ngo
 B App Sci (Optom)
 GradCert OcTher
 CASA CO
OPTOMETRIST

Andrew McCormack
 B App Sci (Optom)
 B.Sc (Hons)
 Grad Cert OcTher

| Referring Practitioner | | |
|------------------------|--|------------|
| Name _____ | Provider N ^o : _____ | Date _____ |
| Address _____ | Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |

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