Cairns Eye & Laser Centre

159-161 Pease St, Cairns, Qld, Australia, 4870

OPHTHALMIC PHYSICIANS AND SURGEONS

Ph: +61 7 4053 7877
Fax: +61 7 4053 5770
Email: admin@cairnseye.com
ABN: 81 619 676 433

Mail: PO Box 980
Edge Hill, Qld 4870
Web: www.cairnseye.com
Provider No. 062880EW

REFERRAL FORM

For immediate referral phone 4053 7877 and choose Option 2

DATE OF REFERRAL: / /

Referred to: ☐ Dr Stephen O'Hagan

PATIENT INFORMATION

Name:

Phone Number: (H) (M) (Bus.)

Date of Birth: / / Gender: ☐ Male ☐ Female

REFERRAL FOR:

☐ Cataract ☐ Glaucoma ☐ Pterygium
☐ Diabetic Retinopathy ☐ Wet ARMD ☐ Dry ARMD
☐ Retinal Vein Occlusion ☐ Retinal Disease (ERM / VMT) ☐ Other

Details:

Vision without glasses: R 6/ L 6/

Refraction: R L

6/ 6/

Relevant Hx / Findings / Diagnosis:

REFERRING PRACTITIONER:

Name: Provider Number:

Practice:

Telephone Number:

Signature: