

VISION EYE INSTITUTE BONDI JUNCTION



Date: _____

Referred to Dr: _____

Appointment date: _____

Appointment time: _____

**PLEASE PRINT COMPLETED
FORM AND GIVE TO PATIENT**

visioneyeinstitute.com.au

PATIENT DETAILS

Name: _____

Address: _____

DOB: _____ Contact phone no: _____ Mobile: _____

Reasons for referral: _____

BCVA: **R** **PH** **L** **PH**

Refraction: **R** **L**

REFERRING PRACTITIONER

Practitioner name: _____

Practice name: _____ **Provider no:** _____

Practice address: _____

Contact phone number: _____ Fax number: _____

Practice email: _____ Signed: _____

PARTNERS

A/Prof Colin Chan

Vision Correction Surgery, Cataract and Laser Cataract Surgery

Dr Simon Chen

Vitreoretinal Surgery, Medical Retina, Cataract and Laser Cataract Surgery

A/Prof Michael Lawless

Vision Correction Surgery, Cataract and Laser Cataract Surgery

Dr Athena Roufas

Cornea and Anterior Segment Surgery, Glaucoma, Dry Eye, Cataract and Laser Cataract Surgery

Prof Gerard Sutton

Vision Correction Surgery, Cataract and Laser Cataract Surgery

ASSOCIATES

Dr Ralph Higgins OAM

Glaucoma and General Ophthalmology

Dr Roger McGuinness

General Ophthalmology



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