

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
Cataract and Laser Cataract Surgery,
Vision Correction Surgery, Corneal
Surgery

Dr Simon Chen
Vitreoretinal Surgery, Medical Retina,
Cataract and Laser Cataract Surgery

Dr Jason Cheng
Glaucoma Surgery,
Cataract and Laser Cataract Surgery,
General Ophthalmology

A/Prof Michael Lawless
Cataract and Laser Cataract Surgery,
Vision Correction Surgery

Dr Athena Roufas
Cornea and Anterior Segment Surgery,
Glaucoma, Dry Eye, Cataract and Laser
Cataract Surgery

Prof Gerard Sutton
Cataract and Laser Cataract Surgery,
Vision Correction Surgery, Corneal
Surgery

Dr Patrick Versace
Vision Correction Surgery,
Cataract and Laser Cataract Surgery

ASSOCIATES
Dr Ralph Higgins
Glaucoma and General Ophthalmology

Dr Roger McGuinness
General Ophthalmology



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