

# VISION EYE INSTITUTE BORONIA



Date:

Referred to Dr:

Appointment date:

Appointment time:

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

**[visioneyeinstitute.com.au](http://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:

## DOCTORS

### **Dr Devinder Chauhan**

Vitreoretinal Surgery, Medical  
Retina, Cataract Surgery

### **Dr Lei Liu**

Glaucoma, Cataract Surgery,  
General Ophthalmology

### **Dr Elvis Ojaimi**

Vitreoretinal Surgery, Medical  
Retina, Cataract Surgery,  
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### **Dr Alexander Tan**

Cataract Surgery, Glaucoma,  
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