

VISION EYE INSTITUTE BRISBANE (DR LENTON)



Date: _____

Referred to Dr Lee Lenton _____

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

Dr Lee Lenton

Cataract Surgery,
Refractive Surgery,
General Ophthalmology



Vision Eye Institute Brisbane (River City)

Level 2, 401 Milton Rd, Auchenflower, QLD 4066

T: (07) 3736 3015 **F:** (07) 3736 3096

E: teamlenton@visioneyeinstitute.com.au