

VISION EYE INSTITUTE CHATSWOOD



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 Jeff Friedrich
Medical Retina, Glaucoma, General
Ophthalmology

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

Dr David Ng
Cataract and Laser Cataract Surgery,
Glaucoma, Diabetic Eye Disease, General
Ophthalmology

A/Prof Tim Roberts
Cataract and Laser Cataract Surgery,
Glaucoma 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

ASSOCIATES

Prof Frank Martin
Paediatric Ophthalmology and Strabismus

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Oculoplastics



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