

# VISION EYE INSTITUTE FOOTSCRAY



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 Doug Roydhouse

General Ophthalmology

### Dr Uday Bhatt

Cataract Surgery,  
Refractive Surgery, Cornea,  
General Ophthalmology

### Dr Nima Pakrou

Cataract Surgery, Oculoplastics,  
Medical Retina, General  
Ophthalmology

### Dr Justin Sherwin

Cataract Surgery, General  
Ophthalmology, Glaucoma,  
Medical Retina

### Dr Aaron Yeung

Medical Retina, Uveitis,  
Cataract Surgery,  
General Ophthalmology

### Dr Ian Hurley

Glaucoma, Cataract Surgery,  
General Ophthalmology

### Dr James La Nauze

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