

# VISION EYE INSTITUTE HURSTVILLE



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:

## PARTNERS

### Dr Jason Cheng

Glaucoma Surgery, Cataract and Laser  
Cataract Surgery, General Ophthalmology

### Dr Tess Huynh

Keratoconus, Laser Cataract Surgery,  
Laser Vision Correction Surgery

### A/Prof Michael Lawless

Vision Correction Surgery

### Dr Gary Schiller

Cataract and Laser Cataract Surgery,  
Glaucoma, Diabetic Eye Disease,  
Oculoplastics, Medical Retina

### Prof Gerard Sutton

Vision Correction Surgery, Cataract  
and Laser Cataract Surgery

### Dr Sebastian Brown

Cataract Surgery, Glaucoma, Diabetic  
Eye Disease, Medical Retina, Dry Eye,  
General Ophthalmology



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