

# VISION EYE INSTITUTE JACANA



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 Mei Tan

Vitreoretinal Surgery, Medical Retina,  
Cataract Surgery

### Dr Dustin Pomerleau

Vitreoretinal Surgery, Medical Retina,  
Cataract Surgery



**Vision Eye Institute Jacana**  
36 Bambergh Street, Jacana, VIC 3047  
**T:** (03) 9070 0937 **F:** (03) 9890 4666  
**E:** [jacana@visioneyeinstitute.com.au](mailto:jacana@visioneyeinstitute.com.au)