

# VISION EYE INSTITUTE KURRALTA PARK



Date:

Referred to Dr:

Appointment date:

Appointment time:

**PLEASE COMPLETE FORM  
AND FAX OR EMAIL TO CLINIC**

(Contact details are listed below)

## 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

**Contact details for Dr David Handley  
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**Dr David Handley**

Cataract Surgery, Glaucoma,  
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**Dr Viki Andersons**

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**Contact details for Dr Paul Athanasiov,  
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**Dr Paul Athanasiov**

Cataract Surgery, Refractive Surgery,  
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**Dr Soo Khai Ng**

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**Dr Tiger Zhou**

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