SEAFORD DAY SURGERY (Tennyson Eye Centre)

vision eye institute Date: Referred to Dr: Tennyson Eye Centre Appointment date: Appointment time: **PATIENT DETAILS** Name: Address: DOB: Contact phone no: Mobile: Reasons for referral: РΗ РΗ BCVA: R Refraction: **REFERRING PRACTITIONER** Practitioner name: Provider no: Practice name: Practice address: Contact phone number: Fax number:

DOCTORS

Dr David Handley

Practice email:

Cataract Surgery, Glaucoma, Cornea, Pterygium, Medical Retina, General Ophthalmology

Dr Viki Andersons

Cataract Surgery, Glaucoma, Medical Retina, Pterygium, General Ophthalmology

PLEASE PRINT COMPLETED FORM AND FAX TO CLINIC

F: (08) 8292 2360

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Signed:

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