



NORTHERN EYE SPECIALISTS



2/14-16 Hurtle Parade, Mawson Lakes SA 5095
TEL 08 8359 5944 FAX 08 8359 6766
reception@northerneyespecialists.com

43 John Rice Avenue, Elizabeth Vale SA 5112
TEL 08 8281 8271 FAX 08 8281 0282
reception@salisburyeyeclinik.com.au

- | | | |
|---|---|--|
| <input type="checkbox"/> Dr. Deepa Taranath | <input type="checkbox"/> Dr. Sudha Cugati | <input type="checkbox"/> Dr Swati Sinkar |
| <input type="checkbox"/> Dr Alec Jordan | <input type="checkbox"/> Dr Weng Onn Chan | <input type="checkbox"/> Orthoptist |

Patient Details

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Phone number: (Home) _____ (Mobile) _____

Email address: _____

Reason for Referral

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Paediatric | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Eyelid | <input type="checkbox"/> Ocular surface/Pterygium | <input type="checkbox"/> Medical Retina |
| <input type="checkbox"/> Strabismus | <input type="checkbox"/> Neuro ophthalmology | <input type="checkbox"/> Others |

Clinical Details

Visual acuity <i>(Best corrected)</i>	Right eye	<input type="text"/>	Left Eye	<input type="text"/>
	Spectacle prescription	Right eye	Left Eye	<input type="text"/>

Referrer's Details

Name: _____ Provider number: _____

Address: _____

Phone number: (Home) _____ (Mobile) _____

Email address: _____

Signature: _____ Date: _____