



Patient Details:

Date of Referral: ___ / ___ / ___

Patient Name: _____ Date of Birth: ___ / ___ / ___

Mobile Number: _____

Address : _____

Referral for:

Dr Ye Chen Dr Jia Hui Lee Dr Chengde Pham

Primary reason for Referral:

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Blepharoplasty | <input type="checkbox"/> Strabismus |
| <input type="checkbox"/> Paediatric | <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Eyelid Disorder | <input type="checkbox"/> Chalazion |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Retinal Vein Occlusion | <input type="checkbox"/> Cosmetic Eyelid Surgery | <input type="checkbox"/> Pterygium |
| <input type="checkbox"/> General | <input type="checkbox"/> Retinal Disorder | <input type="checkbox"/> Watery Eyes & Lacrimal Disorders | <input type="checkbox"/> Orbital Disorder |
- Other: _____

Clinical History for this Referral:

Referrer Details/Stamp:

(Name / Provider No. / Practice Location)



Northeast Eye Surgeons
826 Doncaster Road
Doncaster VIC 3108



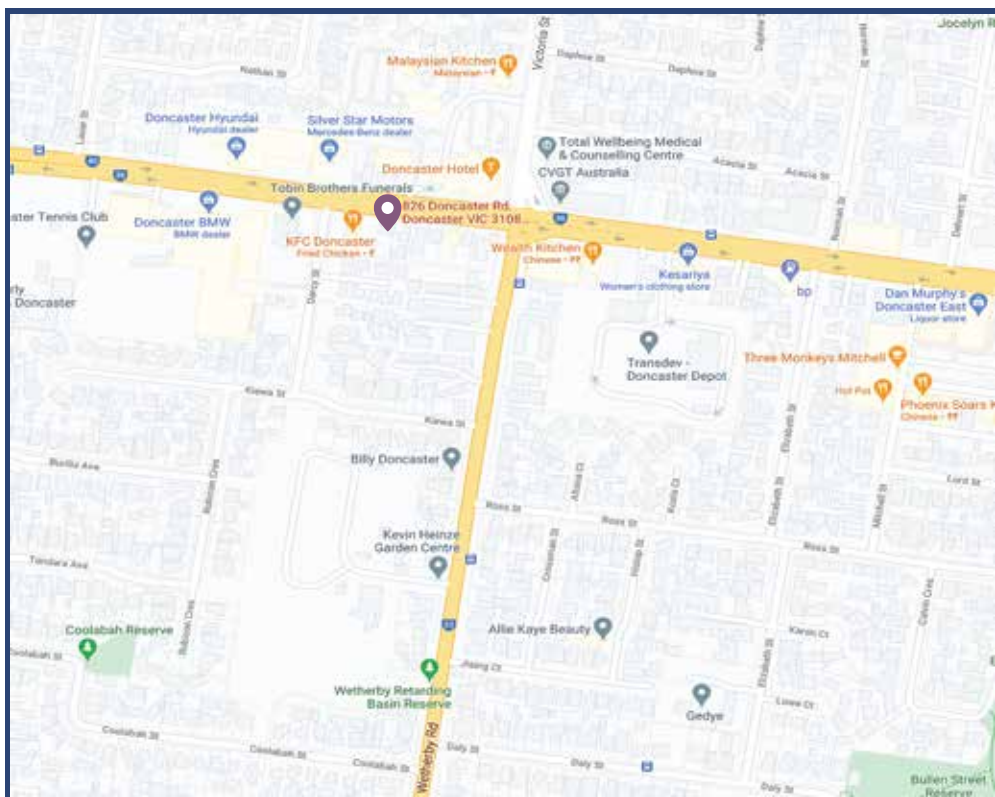
www.northeasteyes.com.au
info@northeasteyes.com.au
Ph: 03 8849 9996
Fax: 03 9957 2296

For all appointments & enquiries please call: (03) 8849 9996

Appointment Booked:

Date: _____ Time: _____

IMPORTANT: Please allow 1-2 hours for your appointment. You may have blurred vision after your visit and may not be able to drive for 2-3 hours.



Please Email or Fax this referral to Northeast Eye Surgeons
Fax (03) 9957 2296 Email: info@northeasteyes.com.au
Or please scan the QR Code to make an Online Referral

