



Dear Dr

**Please Review:**

Name

Phone

DOB

Clinical Information

Age related macular degeneration

Epiretinal membrane

Sudden loss of vision

Diabetic eye disease

Macular hole

Other

Retinal vascular occlusion

Retinal detachment

Flashes & floaters

**Referrer's Details:**

Name

Address

Phone

Email

Provider Number

Signature

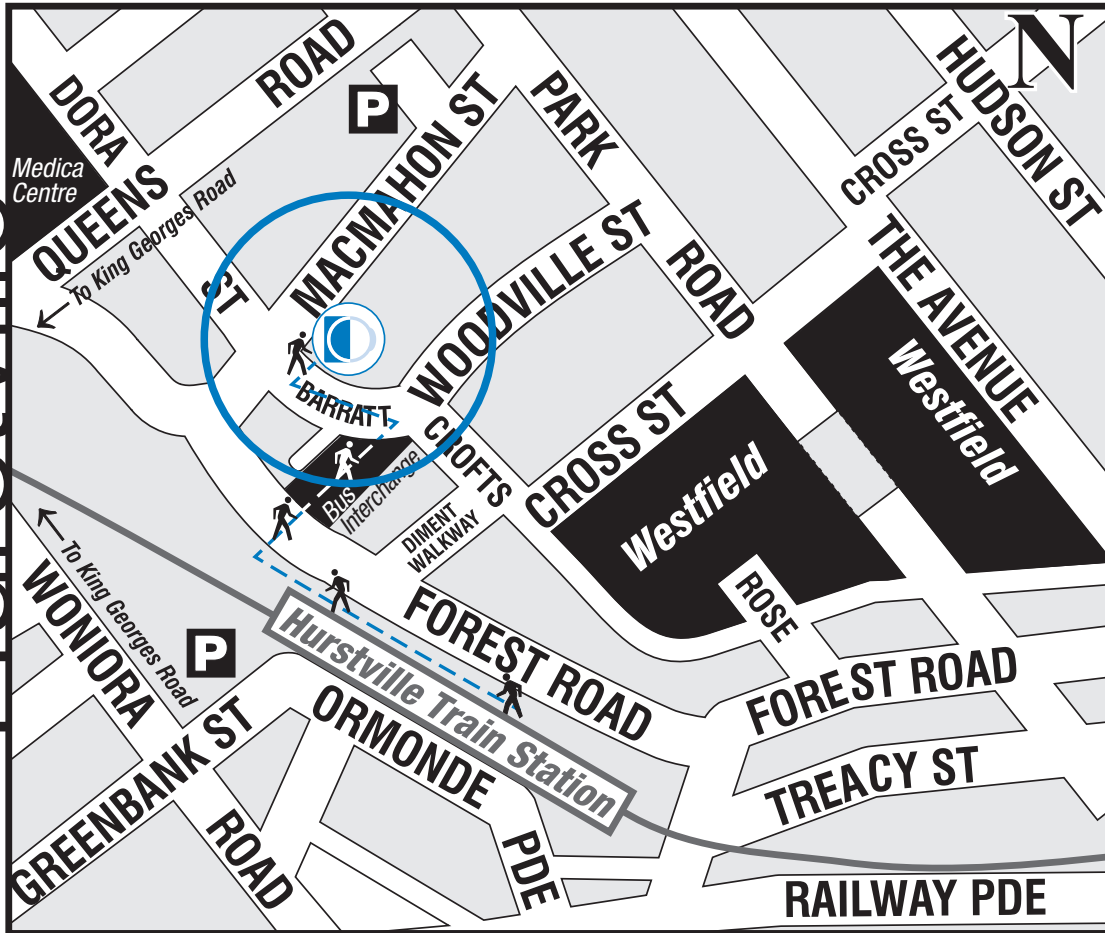
Date

Please send another referral pad

## FOR YOUR APPOINTMENT

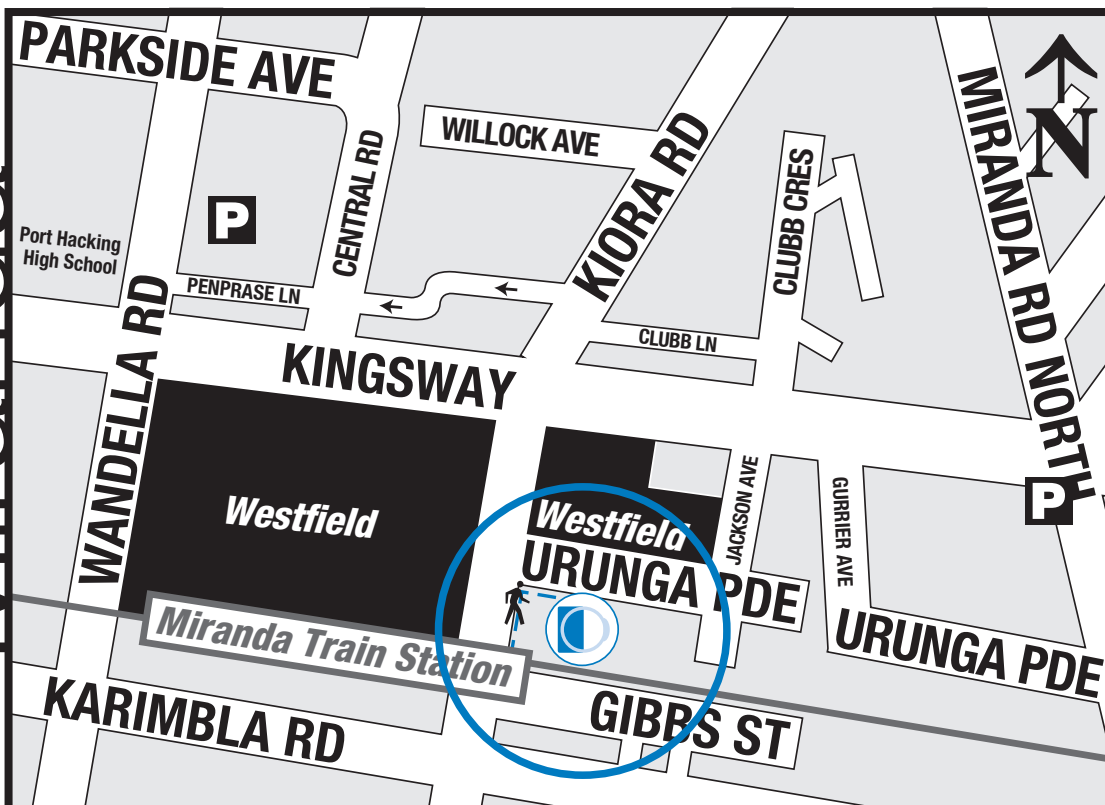
- Please bring your: Referral, Medicare Card, health fund details, glasses and sunglasses, and list of medications.
- Don't drive yourself as your pupils will be dilated and your vision will be blurred.

# Hurstville



Level 3, 33 MacMahon Street,  
**Hurstville NSW 2220**  
(enter via Barratt Street)  
p 9570 1622

# Miranda



Suite 15 - 16, Level 1  
50 - 52 Urunga Parade  
**Miranda NSW 2228**  
p 9525 7355

If you have difficulty with drop off at [retina](#) consultants, please call on arrival and someone will come to assist you.