



Dear Dr

Please Review:

Name

Phone

DOB

Clinical Information

Age related macular degeneration

Diabetic eye disease

Retinal vascular occlusion

Epiretinal membrane

Macular hole

Retinal detachment

Flashes & floaters

Sudden loss of vision

Other

Referrer's Details:

Name

Address

Phone

Email

Provider Number

Signature

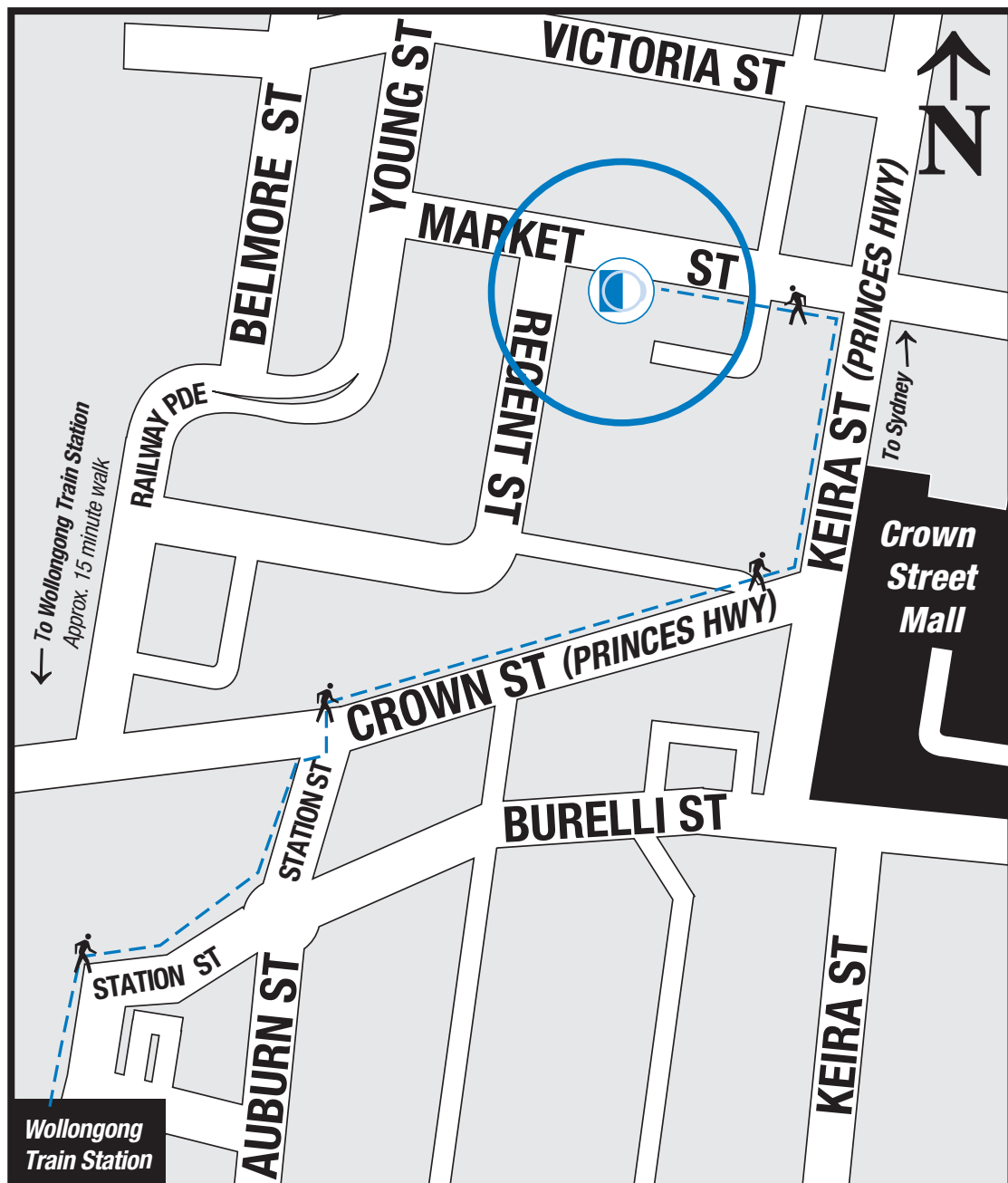
Date

Please send another referral pad

FOR YOUR APPOINTMENT

- Please bring your referral
- Please bring your medicare card and health fund details
- Please bring your glasses and sunglasses
- Please bring a list of medications
- Don't drive yourself as your pupils will be dilated and your vision will be blurred

75 Market Street, Wollongong NSW 2500



If you have difficulty with drop off at [retina](#) consultants, please call 8567 0990 on arrival and someone will come to assist you.