



Cairns Eye & Laser Clinic

ASSOCIATESHIP PTY LTD AS TRUSTEE FOR
CAIRNS EYE CLINIC UNIT TRUST
ACN 072 854 258 ABN 77 134 613 784

Ophthalmic Physicians and Surgeons

92—94 Pease Street MANOORA QLD 4870

Telephone: (07) 4053 7577
Facsimile: (07) 4053 7145
Email: admin@cealc.com.au
Web: www.cairnseyeandlaser.com.au

REFERRAL FORM

For immediate referral telephone: (07) 4053 7577 and select Option 2

DATE OF REFERRAL:

Referred to: **Dr Brian Todd**

PATIENT INFORMATION:

Name:

Phone Number: (H) (M) (Bus)

Date of Birth: Gender: Male Female

Vision without Glasses: R⁶ / L⁶ /

Refraction: R

L

Relevant Hx/Findings/Diagnoses:

REFERRAL FOR:

Cataract Wet ARMD Dry ARMD

Retinal Surgery Pterygium Glaucoma

Other

REFERRING PRACTITIONER:

Name: Provider Number:

Practice:

Telephone number:

Signature:

