



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

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Web: www.cairnseyeandlaser.com.au

REFERRAL FORM

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

DATE OF REFERRAL:

Referred to: **Dr Andrew Field**

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:

