



# eye associates

Park House, Level 4  
187 Macquarie Street  
SYDNEY NSW 2000

www.eyeeassociates.com.au  
patientservices@eyeeassociates.com.au  
Tel: (02) 9247 9972  
Fax: (02) 9232 3086

**Referral to (please select):**

**Dr Geoffrey Cohn OAM**  
General Ophthalmology, Ocular Pain, Glaucoma and  
Medico-Legal Consulting  
**Prof Stuart Graham**  
Glaucoma and Diseases of the Eye  
**A/Prof Paul Healey**  
Ophthalmic Surgeon, Glaucoma and Cataract  
**Dr Colin Clement**  
Ophthalmic Surgeon, Glaucoma, Cataract and  
Diseases of the Eye  
**Dr Anne Lee**  
Ophthalmic Surgeon, Glaucoma, Cataract and  
Diseases of the Eye

**Prof Mark Gillies**  
Medical Retina and Macular Degeneration  
**Dr Adrian Hunt**  
Medical Retina and Diseases of the Eye  
**Dr Anagha Vaze**  
Ophthalmic Surgeon, Medical Retina and Diseases of  
the Eye  
**Dr Alina Zeldovich**  
Ophthalmic Surgeon, Cataract and Diseases of the  
Eye  
**Dr Cheryl Au**  
Medical Retina, Cataract and General Ophthalmology

**Patient details:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reason:**

- |                                   |   |                                   |
|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Glaucoma             | <input type="checkbox"/> Corneal  |
| <input type="checkbox"/> Uveitis  | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Retinal  | <input type="checkbox"/> General Check        | <input type="checkbox"/> Other:   |

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.....  
.....

**Referee's Details (or stamp/sticker):**

Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_