

____ / ____ / ____

Patient details

Name: _____

Address: _____

Phone: _____ Date of birth: ____ / ____ / ____

Referral for

- | | | |
|---|---|--|
| <input type="checkbox"/> A/Prof. George Kong | <input type="radio"/> Cataract | <input type="radio"/> Refractive surgery |
| <input type="checkbox"/> Dr.Rathika Kandasamy | <input type="radio"/> Glaucoma | <input type="radio"/> Macular degeneration |
| <input type="checkbox"/> Dr.Katarina Creese | <input type="radio"/> Paediatric | <input type="radio"/> Diabetic eye disease |
| <input type="checkbox"/> Other | <input type="radio"/> Myopia | <input type="radio"/> Retina condition |
| <input type="checkbox"/> | <input type="radio"/> Watery eyes | <input type="radio"/> Eye inflammation |
| <input type="checkbox"/> | <input type="radio"/> General examination | <input type="radio"/> Cornea |
| <input type="checkbox"/> | | |

Referrer details

Name: _____ Signature: _____

Practice name: _____

Phone: _____ Provider number: _____

Clinical Notes



MT WAVERLEY
EYE SURGEONS

Mount Waverley Eye Surgeons
80 Stephenson's Rd
Mount Waverley VIC 3149

P: 03 8080 1082

F: 03 8888 9924

E: info@mtwaverleyeye.com.au

W: mtwaverleyeye.com.au

Patient information

- Please allow at least 90 minutes for your visit
- You may have eye drops to dilate your pupil
- You may require someone to drive you home
- Appointment cancellations require 24 hours' notice

Getting to the clinic

- Bus 733: from either Mt Waverley Station, Box Hill, Clayton or Oakleigh
- Bus 734: from either Glen Waverley or Glen Iris
- Parking available on site and on Simpson Drive

