

Referral

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Dr Yasser Tariq
BSc MBBS PhD FRANZCO
Ophthalmic Surgeon
Level 1, 242 – 248 Queen st
Campbelltown NSW 2560

Patient Details:

Patient name: _____

DOB: _____

Phone: _____

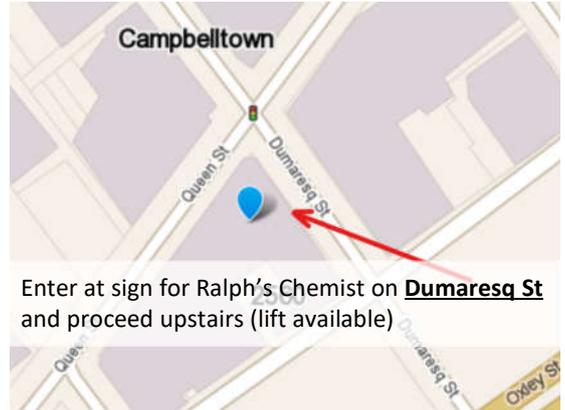
Referrer Details:

Name: _____

Provider No: _____

Contact details: _____

Signature: _____ Date: _____



Note: we do not offer consultation for children

Referral reason:

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetic eye check | <input type="checkbox"/> Flashes/floaters | <input type="checkbox"/> Vision change |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Retinal finding | <input type="checkbox"/> General eye check |
| <input type="checkbox"/> Macular degeneration | <input type="checkbox"/> Eye injury/Foreign body | <input type="checkbox"/> Optic nerve |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Red eye/eye pain | <input type="checkbox"/> Other (specify above) |

Optometrist use:		
Vision	R _____	L _____
IOP	R _____	L _____
Refraction	R _____	L _____

Bring to your appointment:

- Your referral
- Information on your medical history and medications
- Current glasses
- Medicare/pension/health fund card

Allow 2 hours for your appointment. You may not be able to drive for 4 hours after appointment