



**GOONAWARRA DAY HOSPITAL
OPHTHALMOLOGY REFERRAL**

All Appointments: PHONE: 03-9744 9955 FAX: 03-9740 6722 Monday – Friday 9am – 5pm
All correspondence: 1-11 Dornoch Drive Sunbury VIC 3429
WEBSITE: www.goonawarradayhospital.com.au EMAIL: admin@goonawarradayhospital.com.au

Referral to: Dr. Suheb Ahmed, P/N 485166FJ, Specialist Eye Surgeon / Ophthalmologist

Consulting sessions are: Week 1 Wed pm, Week 2 Thu All day, Week 3 Mon All day, Week 3 Sat All Day (for week 4)
Bulk bill for consultations, nominal charge for minor procedures, no doctor's gap for cataract surgery and special rates for compassionate cases.

Patient Details	Referring Doctor's Details
Name:	Name:
Address:	Address:
D.O.B:	Ph: Fax:
Phone: (Home) (Mobile)	Provider No:

Examination requested for:

- | | |
|---|---|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Pterygium |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Lids/ Lacrimal/ Periocular Disease |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Cornea and acute ophthalmology |
| <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Pain / Irritation |
| <input type="checkbox"/> Diabetic Retinopathy & Eye Disease | <input type="checkbox"/> Reduced Vision Evaluation |
| <input type="checkbox"/> Retinal Vein Occlusions | <input type="checkbox"/> Others: List _____ |

Patient clinical details / any special instructions:

Signature:

Date:

Appointment Details:

Appointment date: _____ Time: _____

Other Comments:

VA