



GOONAWARRA DAY HOSPITAL

ABN: 29 131 211 704 Provider No 0036910X

www.goonawarradayhospital.com.au

admin@gdh.health

All appointments &
all correspondence to:
7 Dornoch Drive
SUNBURY VIC 3429

Monday – Friday 9am – 5pm
Telephone: 03 8746 9780
Facsimile: 03 9740 4035

CATARACT REFERRAL

Referral to Specialist Eye Surgeon / Ophthalmologist:

- Dr Suheb Ahmed
 Dr Malvika Gupta
 Either Specialist

Please tick boxes

Consultation	Eye Lids problems	Pterygium	
Cataract	Lacrimal / Periocular Disease	Others	
Glaucoma	Pain / Irritation in eyes	State Problems:	
Macular Degeneration	Dry eyes		
Diabetic Retinopathy	Reduced Vision Evaluation		

Patient Details:		Referring Doctor Details	
Name:		Name:	
Address:		Address:	
DOB:	Phone:	Phone:	Fax:
Email:		Provider Number:	

Clinical Notes:

Medication & Allergies:

Please attach patient medical history summary to the referral letter.

Signature:

Date:

If surgery required, important instructions for the patient:

- Fasting - no food for 6 hrs / no drink for 3 hrs
- On the day, take blood pressure tablets with a sip of water, DO NOT take insulin or diabetic tablets
- **Arrange for a responsible adult to take you home OR your procedure will be cancelled on the day**