

Eyes Matter

P: 07 3193-1100 F: 07 3193-1101 E: admin@eyesmatter.com.au W: www.eyesmatter.com.au

REFERRAL TO:

Dr James Charles McAlister

MBBS BSc (Hons) MD FRCOphth FRANZCO

Cornea

Cataract

Pterygium

Refractive (Laser & Implant)

Ocular Surface Disease & Tumour

Other

Bulk billed Keratoconus Clinic

PATIENT DETAILS:

Name: _____

DOB: ____ / ____ / ____

Address: _____

Phone: _____

Clinical Findings _____

Refractive Findings Date I: RE: _____ (6/____) LE: _____ (6/____)

Refractive Findings Date II: RE: _____ (6/____) LE: _____ (6/____)

Intraocular Pressure: RE: _____ mmHg LE: _____ mmHg (at____)

REFERRAL DETAILS:

Referrer's Name: _____

Practice: _____

Address: _____

Provider number: _____

Date: _____

Signature: _____

Southside:
Level 2, Mount Gravatt Medical Precinct,
1808 Logan Road, Mt Gravatt Q 4122

Westside:
Level 3, Westside Private Hospital,
32 Morrow Street, Taringa Q 4068

Gold Coast:
Level 4 Pacific Private Medical Suites,
123 Nerang Street, Southport Q 4125