

Patient Details

Name: _____ DOB: ____/____/____

Phone: _____ Medicare No.: _____

Clinical Information

Urgent appointment please

Referring Doctor / Optometrist

Name: _____ Provider No: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: ____/____/____

For Your Appointment

Please bring:

- Referral letter from your doctor or optometrist.
- Your current spectacles/sunglasses.
- A list of your medical history, medications and allergies (if available).
- Medicare/private health fund/pension card.

Please allow:

- 2-3 hours for your first consultation.
- Up to 4 hours following your appointment before driving.

