



Patient Details

Name: _____

Date of birth: _____

Phone: _____

Clinical information

Referring doctor/Optomtrist

Name: _____

Provider No: _____

Signature: _____

Address: _____

Phone: _____ Date: _____

For your appointment

Please bring:

- Referral letter from the doctor or optometrist.
- Spectacles/sunglasses and spectacle prescription.
- If wearing contact lenses, please bring a contact lens case.
- A summary of your medical history, medications and allergies.
- Medicare and Private health insurance card.

Allow 2 hours for your first consultation.

You will be unable to drive for up to 4 hours following your appointment.

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