Patient Details
Name: 
Date of birth: 
Phone: 

Referring Doctor/Optometrist
Name: 
Provider No: 
Signature: 
Address: 
Phone: 
Date: 

Clinical information

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.

Dr James Leong  Surgical and Medical Retina
Dr Adrian Fung  Surgical and Medical Retina, Ocular Oncology
Dr Michael Chilov  Medical Retina/Macular Degeneration
Dr Raj Chalasani  Medical Retina/Macular Degeneration
Dr Simon Nothling  Medical Retina/Macular Degeneration/Uveitis
Dr Dov Hersh  Medical Retina/Macular Degeneration