



Patient Details

Name: \_\_\_\_\_
Date of birth: \_\_\_\_\_
Phone: \_\_\_\_\_

Clinical information

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\_\_\_\_\_
\_\_\_\_\_

1A/12 Central Road, Miranda, NSW, 2228
T (02) 9531 2951 or (02) 9531 2987 F (02) 9531 2276

Suite 208/31 Dora Street Hurstville (Waratah Private Hospital), NSW 2220
T (02) 9570 1522 F (02) 9570 3711

E admin@maculaspecialists.com.au W www.maculaspecialists.com.au

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.

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 Nothing Medical Retina/Macular Degeneration/Uveitis
Dr Dov Hersh Medical Retina/Macular Degeneration