



# Gold Coast & Tweed Eye Doctors

**Dr Matthew Green**

Cataract, Refractive and Corneal Surgeon  
BAppSc (Optom) MBBS, MSc, PhD, FRANZCO

**Dr Esra Sanli**

Oculoplastic and Cataract Surgeon  
BMSc, MBBS (Hons), MMed, FRANZCO

**Dr Heather Russell**

Cataract, General, Paediatric Ophthalmology & Strabismus  
BSc(Hons), MBChB(Hons), FRCOphth, FRANZCO

**Dr Travers Weaver**

Cataract, Ocular Oncology, General & Vitreoretinal Surgeon  
B. Med. Sci, MBBS(Hons), FRANZCO

## REFERRAL FORM

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone \_\_\_\_\_

### REASON FOR REFERRAL

Cataract

Pterygium

Corneal Transplant

Keratoconus

Glaucoma

Macula Hole

Epiretinal Membrane

Oculoplastics

Blepharoplasty

Squint Surgery/Double Vision

Paediatric

Retinal Detachment

Refractive Surgery/Lensectomy

Macula/Retina

Ocular Oncology

Refraction **R** \_\_\_\_\_ / \_\_\_\_\_ x \_\_\_\_\_ 6/ \_\_\_\_\_

**L** \_\_\_\_\_ / \_\_\_\_\_ x \_\_\_\_\_ 6/ \_\_\_\_\_

**Background** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referrer: \_\_\_\_\_ Provider No.: \_\_\_\_\_

Address/Practice: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_