# 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


# REFERRAL FORM

Patient's Name: _____

Address: _____

Date of Birth: _____ Phone _____

## REASON FOR REFERRAL

☐ Cataract/Lensectomy ☐ Pterygium ☐ Corneal Transplant
☐ Keratoconus ☐ Glaucoma ☐ Refractive Surgery
☐ Macula/Retina ☐ Oculoplastics ☐ Blepharoplasty
☐ Squint Surgery/Double Vision ☐ Paediatric ☐ Other _____

## Optometric Details

Refraction **R** _____ /_____ x _____ 6/ _____
**L** _____ /_____ x _____ 6/ _____

## Background _____

_____

_____

_____

_____

_____

Referrer: _____ Provider No.: _____

Address/Practice: _____

Signed: _____ Date: _____


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