

**Referral to:**

DR GRAEME KELLY  
*Comprehensive ophthalmology*

DR IAN REDDIE  
*Medical & surgical retina*

**Patient details:**

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

**I would like this patient seen:**

today    this week    next week    this month    soon

**Clinical information:**

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

**Important information for patients:**

**1. Please bring:**

- This referral
- Medicare card, pension card, DVA card, private health insurance details (as applicable)
- Your current glasses
- If you wear contact lenses – a case to put them in and your glasses so you can see
- A medication and allergy summary from your GP
- Your travel forms from your local hospital (if any)

**2. Allow at least two hours for your initial appointment:**

You could be with us for longer at your first visit.

**3. You should not drive to or from your appointment:**

You will need someone with you or a lift home, as both your eyes will be dilated.

**Referring Doctor/Optomtrist:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Provider No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_