



DIRECTORS

- A/ Prof Christine Chen** MBBS PhD FRANZCO
Cataract Surgery & Macular Diseases Specialist
- Dr Daniel McKay** MBBS(Hons) BComm FRANZCO FRCPA
Cataract Surgeon, Medical Retina, Eye Tumours & General Ophthalmology
- Dr Kira Michalova** MD FRANZCO
Cataract Surgeon & Medical Retina Specialist
- Dr Szczepan Nowakowski** MBBS PhD FRANZCO
Cataract Surgeon, Medical Retina & Uveitis Specialist

Patient Name (Mr / Mrs / Ms) _____

D.O.B. ____/____/____ Phone _____

Address (optional) _____

Cataract Retina Eyelid/Oculoplastics Glaucoma Other

VA	R/	L/
DETAILS		

Referrer Name (Dr / Mr / Mrs / Ms) _____

Referrer Provider Number _____

Referrer Practice Name/Address _____

Referrer Contact Number _____

Signature _____ Date ____/____/____

PLEASE NOTE: AVOID DRIVING FOR 2 HOURS AFTER YOUR APPOINTMENT