



Suite 4, 27 College Road  
Kent Town SA 5067  
Tel : (08) 83634492  
Fax : (08) 81321581

## REFERRAL

### PATIENT DETAIL

Name : \_\_\_\_\_ D.O.B. : \_\_\_\_\_

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

Tel : \_\_\_\_\_

**A/Prof Celia Chen**  
(General, Neuro-Ophthalmology, Strabismus)

**Dr. Raymond Loh**  
(General, Corneal & Anterior Segment)

**Dr. Susie Luu**  
(General, Paediatrics, Strabismus)

**Please indicate if the appointment is:**

**Urgent.**

**Next available**

**Please triage**

**Other** \_\_\_\_\_

### **Clinical information:**

### **And/or tick one of the following:**

- |                                                |                                              |                                                   |
|------------------------------------------------|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> General Ophthalmology | <input type="checkbox"/> Cataract            | <input type="checkbox"/> Glaucoma                 |
| <input type="checkbox"/> Oculoplastics / lids  | <input type="checkbox"/> Diabetic eye review | <input type="checkbox"/> Anterior segment/ Cornea |
| <input type="checkbox"/> Paediatrics           | <input type="checkbox"/> Neuro-Ophthalmology | <input type="checkbox"/> Strabismus               |
| <input type="checkbox"/> Retinal               | <input type="checkbox"/> Others _____        |                                                   |

### **Referring doctor/ optometrist information:**

Name : \_\_\_\_\_

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

Telephone : \_\_\_\_\_ Provider number : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

(Please fax referral to (08) 81321581 and give this form to the patient with instruction on the reverse page)

**Duration of referral : 3 months/ 12 months / Indefinite / Other :** \_\_\_\_\_

### For your appointment please bring:

- Your current glasses
- A list of your medications
- Sunglasses - as your eyes may be dilated with drops and you can become light sensitive for a few hours
- Someone to drive you home as you will not be allowed to drive post dilation
- Please allow 90 minutes from the time of your appointment especially for paediatric cases

### Directions and Parking

Our clinic is at the junction of The Parade West and Fullarton Road. Access College Road via Rundle Street or Grenfell Street and turn south onto College Road. College Road is a cul-de-sac and we are at the end of the cul-de-sac opposite Chloe's Restaurant. Please see attached map.

We have on-site parking. Please enter the carpark on the right at the end of College Road marked "Patient Parking". Alternatively, you may use any of the car parks marked as "Chloe's Restaurant" along the left hand side, situated at the end of the cul-de-sac.

