

Referring to:

Date of Referral: ___ / ___ / ___

Dr Ye Chen
MBBS (Melb) DPhil (Oxon) FRANZCO
Ophthalmologist
Oculoplastic & Cataract Surgeon

Dr Lei Liu
BMed MSc MD PhD FRCOphth FRANZCO
Ophthalmologist
Cataract & Glaucoma Surgeon

Patient Details:

Patient Name: _____ Date of Birth: ___ / ___ / ___

Mobile Number: _____

Address : _____

URGENT REFERRAL Within 2 Weeks Non-Urgent

Primary reason for Referral:

Cataract Glaucoma Pterygium Retinal Disorder
 Eyelid Surgery Lacrimal Disorder Orbital Disorder General Ophthalmology
 Other: _____

Clinical History for this Referral:

Referrer Details/Stamp:

(Name / Provider No. / Practice Location)

Please Email or Fax this referral to Hobsons Bay Eye Surgeons

Fax: (03) 7064 0717 Email: info@hbeyes.com.au

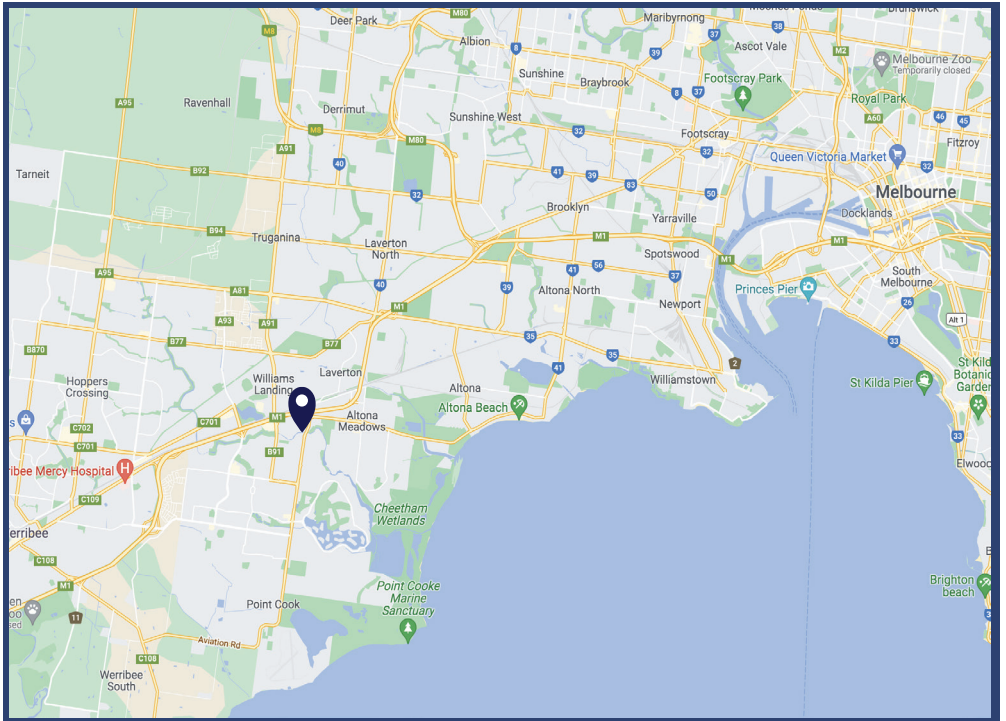
www.hbeyes.com.au

**For all appointments & enquiries
please our reception on: (03) 7064 0740**

Appointment Booked:

Date: _____ Time: _____

IMPORTANT: Please allow 1-2 hours for your appointment. You may have blurred vision after your visit and may not be able to drive for 2-3 hours.



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