Shop 2, 57 James Street
Burleigh Heads QLD 4220
P (07) 5535 5999
F (07) 5576 4238

Referral Form

Rosine Ung
Optometrist
B.Vis.Sci./M.Optom.
Therapeutically Endorsed

Patient Details

Name ________________ D.O.B. ________________

Mobile ________________ Phone ________________

Address ________________

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Referring for:

- ☐ Sore Eye
- ☐ Diabetic Eye Exam
- ☐ Dry Eye Assessment
- ☐ Keratoconus
- ☐ Specialty Lens Fitting
- ☐ Orthokeratology
- ☐ RGP Lenses
- ☐ Myopia Management
- ☐ Other ________________

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Refraction

R ________________

L ________________

Visual Acuity

R 6/ ________

L 6/ ________

Referring Practitioner

Practitioner Name ________________

Practice ________________ Provider No. ________________

Phone ________________ Fax ________________

Email ________________

Signature ________________ Date ________________

- ☐ Report and refer patient back to original referrer
- ☐ Report and continue care at Burleigh Optometrists
- ☐ Report and share care between referrer and Burleigh Optometrists

Additional Notes ________________

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E info@burleighoptom.com.au **W** www.burleighoptom.com.au