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Urgency of referral

- Urgent < 24-48hrs
< 2 weeks
Next available

Patient Information

Name:
DOB:
Phone:

Referrer's information

Date:
Name:
Practice:
Provider No:
Phone:

Reason for Referral

Cataract/Refractive Surgery

BCVA Right 6/ Left 6/
Rx Right:
Left:

- Refractive outcome preferable:
Distance (Monofocal/Toric IOL)
Near vision
Monovision
Requires further discussion with surgeon

Cornea Management

- Abrasion/Ulcer
Keratoconus/ectasia
Pterygium
Fuchs' dystrophy / cornea dystrophy
Foreign body
Other:

Retinal

- Diabetic Eye review
Macular Degeneration
Artery/Vein Occlusion
Flashes and Floaters
Other:

Glaucoma Assessment

- Narrow angle
Raised IOP
Suspicious ONH or C/D asymmetry
Visual Field defect
Laser Rx (iridotomy/SLT)
Other:
IOP: RE LE

Other:

Empty box for additional information.