

Your Appointment:

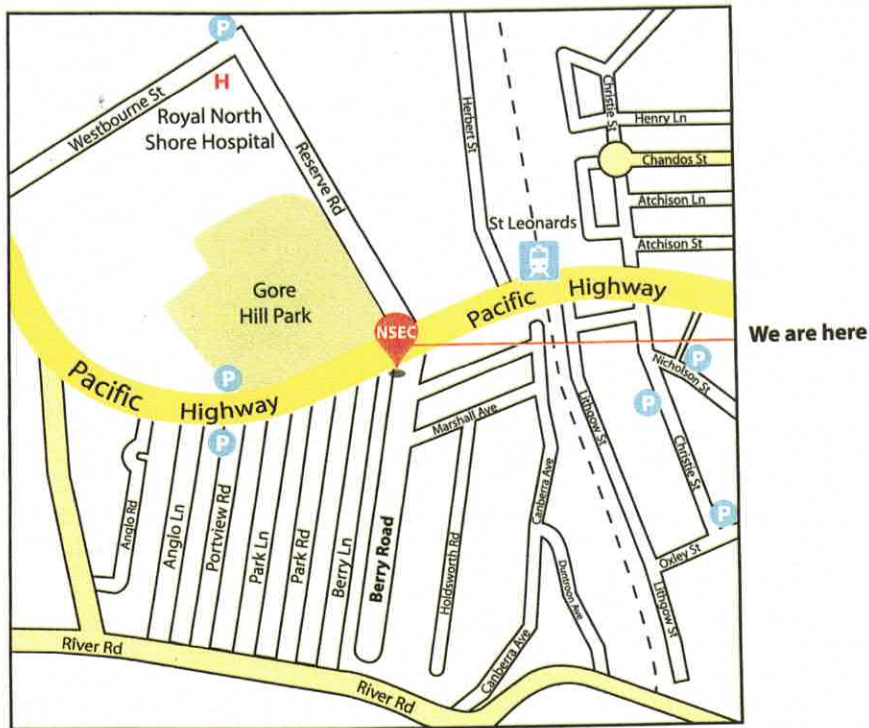
Please allow at least 2 hours for a thorough assessment.

Your **pupils will be dilated. You should not drive yourself home** after dilating eye drops.

Bring your **referral**, an updated **list of your medications**, **your spectacles**, and a pair of sunglasses to minimise glare after your appointment.

How to find us:

North Shore Medical Centre (NSMC) is located on the corner of Berry Rd and the Pacific Highway, opposite Royal North Shore Hospital, near St Leonards railway station. Patient drop off is available at the front of the building. 1-2 hour meter parking is available on the streets around NSMC. Parking stations are marked **P** on the map below.



North Shore Eye Centre

Suite 5, Level 1 North Shore Medical Centre
66 Pacific Highway St Leonards NSW 2065

Tel: 02 9439 9649
Fax: 02 8412 0060
www.northshoreeye.com.au
info@northshoreeye.com.au

North Shore Eye Centre



Date: _____

Referral to:

- Dr Michael Branley** BSc (Med) MBBS FRACS FRANZCO
Medical and Surgical Retina, Uveitis
- Dr Noni Lewis** BSc (Med) MBBS MPH FRANZCO
Cornea, Cataract, Refractive Surgery and General Ophthalmology
- Dr John Leaney** MBBS, PhD, BEng(Chem) (Hons.) FRANZCO
Consultant Glaucoma Specialist, Neuro- Ophthalmologist and Cataract Surgeon
- Dr Matthew Spargo** MBBS (Hons), MPH, BCom/BSc, FRANZCO
Paediatric, Strabismus and Cataract Surgeon
- Dr Michael Chilov** B Optom MBBS (Hons) MPH FRANZCO
Medical Retina, Uveitis and General Ophthalmology
- Dr Colin Clement** BSc (Hons) MBBS, PhD, FRANZCO
Glaucoma, Cataract and General Ophthalmology
- Dr Daniel Polya** MBBS MPH FRCS FRANZCO
Vitreoretinal Surgery, Medical Retina, Cataract and General Ophthalmology
- Dr Kenneth Ooi** MBBS (Adel.), MSurg (Ophth.), FRANZCO, PhD Candidate
General Ophthalmology, Cataract Surgery and Dry Eye Research
- Dr Simon Nothing** BSC(MED) MBBS (1st Class Honours)
Medical Retina, Uveitis and General Ophthalmology
- Dr Helen Do** MBBS (Hons 1) MMed FRANZCO
Cataract and General Ophthalmology
- Or first available**

Patient Details:

Name: _____ DOB: _____
Address: _____
Suburb: _____ Postcode: _____
Home Phone: _____ Mobile: _____

Reason for referral Urgent Routine

Referrer details / Stamp:

Name: _____ Provider Number: _____
Address: _____ Phone: _____
Signature: _____ Fax: _____

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