

## Your Appointment:

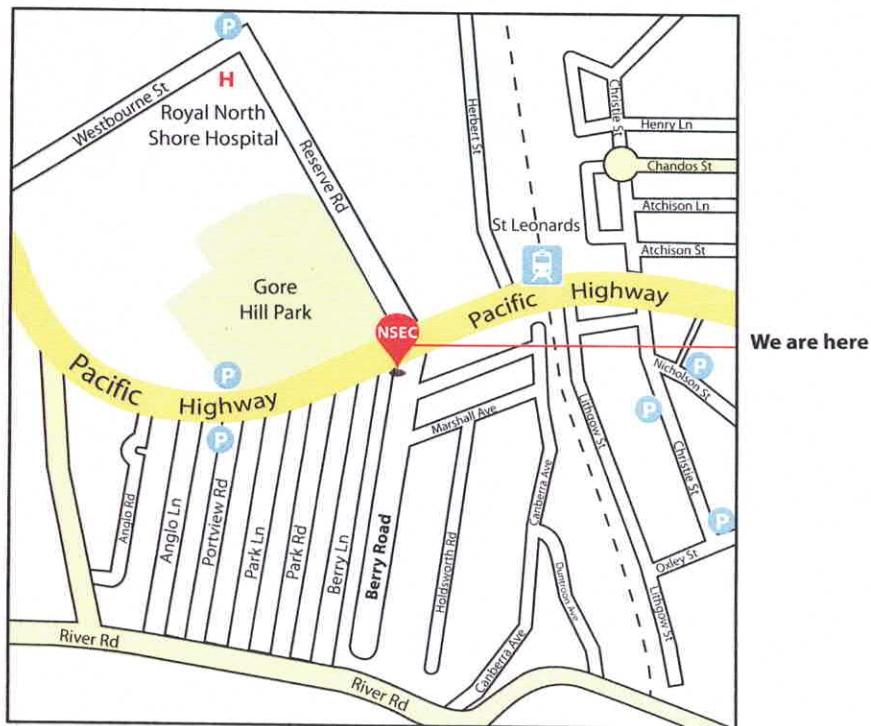
Please allow at least 2 hours for a thorough assessment.

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  
15 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 Nothling** 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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