TOOWOOMBA
RETINA & EYE SPECIALISTS

REFERRAL FORM

REFERRAL TO

☐ DR ANDREW McALLISTER
Retinal Surgeon and Physician

☐ DR ....

PATIENT DETAILS

Name ....

Address ....

DOB ....

Phone ....

I WOULD LIKE THIS PATIENT SEEN

☐ Routinely ☐ Urgently (please call 4580 0857)

CLINICAL INFORMATION

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IMPORTANT INFORMATION FOR PATIENTS

1. Please bring:

- This referral
- Medicare card, pension card, DVA card, private health insurance details (as applicable)
- Your current glasses
- Contact lens case (as applicable)
- A medication and allergy summary from your GP
- Your travel forms from your local hospital (if any)

2. Allow at least two hours for your initial appointment.
You could be with us for longer at your first visit.

3. You should not drive to or from your appointment.
You will need someone with you or a lift home, as both your eyes will be dilated.

REFERRING DOCTOR/OPTOMETRIST

Name ....

Address ....

Phone ....

Provider No. ....

Signature .... Date ....