



Referral Form

1/17 John Street Pakenham 3810
T 03 5922 4900
F 03 5922 4901
pakenhameyeclinic.com.au

Patient Name _____

Address _____

Phone _____

Referral for

- Cataract Eyelid Condition Diabetes Retina Glaucoma Other

Clinical Notes

Referrer's Name _____

Provider Number _____

Phone _____

Date _____

Appointment
Time _____
Date _____

Patient Information

- *Please allow at least 90 minutes for your visit
- *You may need someone to drive you home
- *24hr notice required for cancellation

Getting to the clinic

Train: Pakenham station
Parking: Ample free parking at James St Carpark and Pakenham Central Marketplace.
See website for further details
Note: full wheelchair access in clinic

