



## Referral Form

25 Main Street, PAKENHAM 3810

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[pakenhameyeclinic.com.au](http://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 \_\_\_\_\_

### 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 parking at rear of building

