



WOLLONGONG
EYE SPECIALISTS

REFERRAL TO:

Dr Smita Agarwal

Dr Freny Kalapesi

Dr Ee-Munn Chia

REFERRAL

PATIENT DETAILS

Patient Name: Address:

Date of Birth:

Phone Number:

Mobile Number:

CLINICAL INFORMATION

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REFERRER

Name: Practice Name:

Provider No. Address:

Phone Number:

Signature:

Date:

Comprehensive ophthalmology services locally.

APPOINTMENT ESSENTIALS

- Please bring your referral, medication list, current glasses and sunglasses.
- Allow at least 90 minutes for your first appointment and have someone to drive you home.

CONSULTING ROOMS:

Wollongong

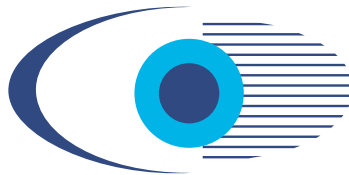
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Nowra

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Barrack Heights

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