

# Your Referral



Date:	<input type="checkbox"/> Dr Matthew Russell		
<input type="checkbox"/> Dr Nick Toalster	<input type="checkbox"/> Dr Eve Hsing	<input type="checkbox"/> Dr Delia Wang	<input type="checkbox"/> Inez Hsing

## Your Appointment

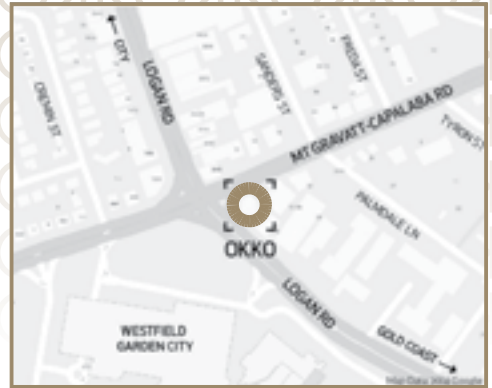
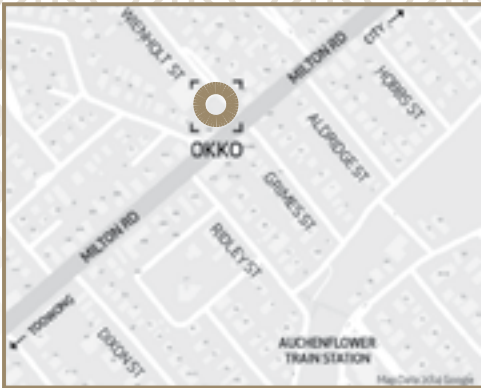
Date:	Time:	<input type="checkbox"/> Auchenflower	<input type="checkbox"/> Mt Gravatt
T Central Booking & Enquiry Line - 07 3725 0222			

## Patient Details

Name:					
Address:					
DOB:	Phone:	Mobile:			
Referral for:	<input type="checkbox"/> Cataract	<input type="checkbox"/> Retina	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Cornea	<input type="checkbox"/> Other
BCVA:	R	L			
Refraction:	R ____ / ____ X ____	L ____ / ____ X ____			

## Referring Practitioner

Practitioner name:	
Practice name:	Provider no.:
Practice address:	
Phone:	Fax:
Email:	Signed:



### Auchenflower

Level 1 / 401 Milton Rd Auchenflower Q 4066

T Central Booking & Enquiry Line - **07 3725 0222**

**Bus** Route 470 Stop 10 Milton Road  
(Auchenflower Shops)

**Train** Auchenflower Station  
Ipswich Line (350m walk)

### Mt Gravatt

2072 Logan Road Upper Mt Gravatt Q 4122

**Bus** Garden City Shopping Centre Interchange

**E** [info@okko.com.au](mailto:info@okko.com.au)

**W** [www.okko.com.au](http://www.okko.com.au)

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## Important Information About Your Appointment

Your eyes will be dilated with drops so that a comprehensive examination can be performed.

**This will affect your vision for approximately 4 hours. Please do not drive during this time.**

It is recommended you bring sunglasses for your comfort, and arrange for someone to collect you following your appointment or use alternative transportation.

Please bring along any eye drops you are currently using or provide us with a comprehensive list of your medications. This will assist the doctor with your care.

