GARDEN CITY
EYE CLINIC

DR MICHAEL STATHAM
MBBS (Hons 1) BAppSc (Optom) (Hons 1) FRANZCO
Monash Fellowship (Cataract Surgery & Medical Retina)

OPHTHALMOLOGIST

REFERRAL

PATIENT DETAILS

Date of Referral _____ D.O.B. _____

Name _____

_____

REASON FOR REFERRAL

- ☐ Cataract
- ☐ Macular Degeneration
- ☐ Retina
- ☐ Glaucoma
- ☐ Diabetes
- ☐ Pterygium
- ☐ Eyelid
- ☐ Other

Clinical Notes _____

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REFERRER DETAILS

Name _____

Provider Number _____

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