Referral to Dr Travers Weaver

Cataract & Vitreoretinal Surgeon · B.Med.Sci, MBBS (Hons I), FRANZCO
Fax (07) 5612 5225 · Email info@gcteyedoctors.com.au · Urgent: phone (07) 5612 5200

URGENCY

☐ Same day (please also phone) ☐ Within 1–2 weeks ☐ Routine

☐ Private ☐ Public (Murwillumbah: cataract/pterygium) ☐ Either

PATIENT

Name _____

Date of birth _____ Phone _____

Address _____

Medicare no. _____ Health fund _____

REASON FOR REFERRAL

Eye: Right / Left / Both _____

Provisional diagnosis _____

Symptoms and duration _____

RELEVANT HISTORY

Ocular history / previous surgery _____

Medical history _____

Medicines (including anticoagulants) _____

Allergies _____

☐ Diabetes ☐ Glaucoma ☐ Previous retinal detachment ☐ Imaging/reports attached

REFERRER

Name _____ Provider no. _____

Practice _____

Phone _____ Email _____

Signature _____ Date _____

After hours: GCUH switchboard 1300 744 284 (on-call ophthalmology registrar), or leave a voicemail on (07) 5612 5200 (checked