COLLINS STREET OPTOMETRISTS

| Level 9, 267 Collins St Melbourne Vic 3000 | P: (03) 9663 2729 | F: (03) 9663 7943 | ABN 94 705 210 498 |

Willy Gunawan
BOptom, OcTher
Prov: 4101763L

David Southgate
BScOptom, PGCertOcTher
Prov: 0287095B

Optometric Referral – Dry Eye and Co-management

DETAILS OF PATIENT BEING REFERRED

Name: _____ Date of birth _____

REASON FOR REFERRAL

REFERRAL DATE _____

- ❒ Dry eye assessment - Oculus K5
- ❒ Dry eye treatment - Lipiflow
- ❒ Dry eye treatment – LLLT/IPL and Meibomian gland expression
- ❒ Glaucoma co-management
- ❒ Therapeutic contact lens fitting
- ❒ Other _____

(please enter any relevant clinical notes on the reverse side of this form, or go to the Health Professionals page on our website at www.collinsoptometrists.com.au/referral-form)

DETAILS OF REFERRING OPHTHALMOLOGIST (OR PRACTICE STAMP)

Name: _____ Phone: _____

Practice name: _____