

REFERRAL TO:

Dr Alman Ogane

MBBS (Hons), BSc, MPH, FRANZCO
Ophthalmologist and Ophthalmic Surgeon
Provider no: 219286LW



Name of Patient _____

Date of Birth _____

Reason for Referral

- | | |
|--|--|
| <input type="checkbox"/> General Eye Examination | <input type="checkbox"/> Cataract Assessment |
| <input type="checkbox"/> Laser Vision Correction | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Diabetic Eye Review | <input type="checkbox"/> Eye Trauma |
| <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Sudden Loss of Vision |
| <input type="checkbox"/> Plaquenil / Ethambutol Toxicity Screening | <input type="checkbox"/> Eye Pain / Red Eye |
| <input type="checkbox"/> Foreign Body | <input type="checkbox"/> More Referral Pads |
| <input type="checkbox"/> Other | |

Refraction (if appropriate)

OD _____ / _____ OS _____ / _____

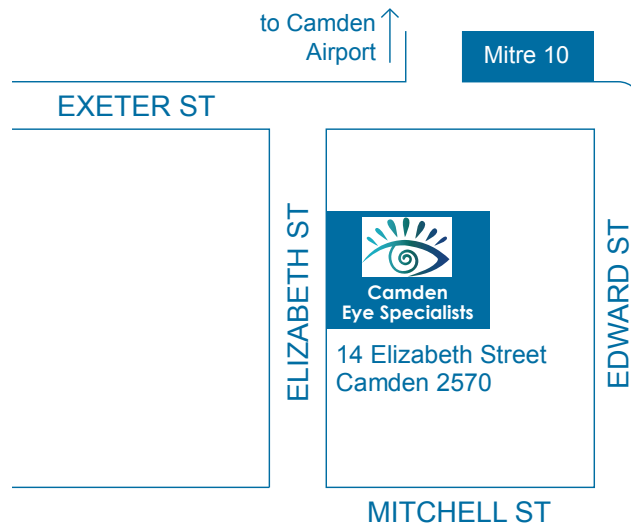
Referring Doctor / Optometrist / Provider Number

Signature _____ Date _____

Camden Eye Specialists
14 Elizabeth Street, CAMDEN 2570
Phone (02) 4655 6625 Fax (02) 4655 3394
E: info@camdeneyespecialists.com.au W: camdeneyespecialists.com.au



**Camden
Eye Specialists**



To arrange a consultation with Dr Alman Ogane,
please call Camden Eye Specialists on 02 4655 6625

(02) 4655 6625

APPT M T W Th F

DATE _____

TIME _____

For your appointment please bring:

- Current glasses and list of medications
- Medicare / Pension / DVA / Health Fund cards
- Driving not recommended for 1-2 hours after pupil dilatation
- Credit card / EFTPOS facilities available

Camden Eye Specialists

14 Elizabeth Street, CAMDEN 2570

Phone (02) 4655 6625 Fax (02) 4655 3394

E: info@camdeneyespecialists.com.au W: camdeneyespecialists.com.au