

Dr. Pav Gounder

MBBS (UWA), MMed, FRANZCO

Consultant Ophthalmologist

Orbital & Oculoplastic Surgeon

REASON FOR REFERRAL:

- | | |
|--|--|
| <input type="checkbox"/> CATARACT | <input type="checkbox"/> EYELID LESION (S) |
| <input type="checkbox"/> DROOPY EYELIDS | <input type="checkbox"/> THYROID EYE DISEASE |
| <input type="checkbox"/> ECTROPION/ENTROPION | <input type="checkbox"/> ORBITAL DISEASE |
| <input type="checkbox"/> WATERY EYE | <input type="checkbox"/> PTERYGIUM |
| <input type="checkbox"/> OTHER: _____ | |

PATIENTS NAME

DATE OF BIRTH

CLINICAL DETAILS

REFERRING DOCTOR

PHONE NO

PROVIDER NO

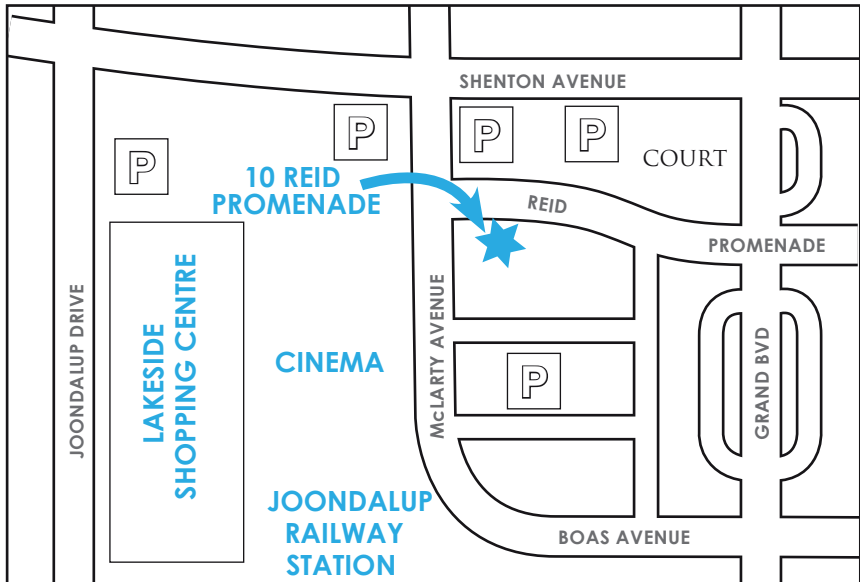
SIGNED

DATE

APPOINTMENT DATE

TIME





Please bring your referral, Medicare card, pension/health care card and any private hospital fund details with you.

Bring your current spectacles, sunglasses (for when you leave) and a list of your current medications.

You may have dilating drops at your visit - this will make your vision blurry for 4-6 hours following your appointment, so please arrange a driver or make other arrangements to get home.

We do require full payment at the time of your consultation. If you have registered your bank details with Medicare we will be able to send your claim immediately to Medicare for your rebate to be paid directly into your nominated bank account. We accept most major credit cards, effort, cash and cheques.

Please allow 1-2 hours for your appointment.