

# Eye Doctors Gippsland

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Patient Name:.....  
Address: .....  
DOB:.....  
Tel:.....

Referring Practitioner:.....  
Practice:.....  
Tel:.....  
Provider No:.....

## Clinical Details

Cataract / Visual decline.....  
Irritable / Itchy eye .....  
Flashes and floaters .....  
Glaucoma .....  
Diabetic eye check .....  
Macular Degeneration .....  
Other.....

Referral Period:

Signature:

Date:

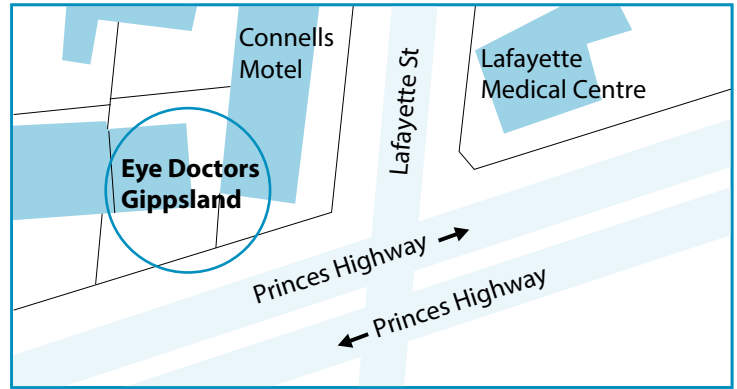
## Appointment Details

Doctor: .....

Day: .....

Date: .....

Time: .....



## Patient Information

Please bring this referral, any spectacles you use and a list of your medications to the appointment.

Please allow up to 2 hours for your first visit.

If you are unable to attend your appointment, we would appreciate at least 24 hours notice.

Your eye examination may involve the use of eye drops which can blur the vision for 2 hours.

You are advised not to drive until your vision returns to normal.

Limited on-site parking is available for your accompanying driver.

Payment on the day of your consultation is required and a Medicare rebate may be claimed.

We accept Mastercard, Visa, Eftpos, Cash and Cheque.