

Where should this referral go?

One form for both clinics – send it to the clinic that matches the referral.

GENERAL & MEDICAL OPHTHALMOLOGY

All other referrals

Send to **Queensland Eye Institute**

- Cataract
- Cornea, keratoconus & corneal transplant
- Pterygium & anterior segment conditions
- All other eye conditions

Phone 07 3239 5000
Fax 07 3844 2246
Email reception@qei.org.au
Address Level 1, 87 Ipswich Road, Woolloongabba
Postal PO Box 8008, Woolloongabba QLD 4102

VISION CORRECTION

Refractive surgery

Send to **Focus Vision Clinic**

- Laser eye surgery – LASIK, SMILE, PRK
- ICL (implantable contact lens)
- Multifocal IOLs (MFIOLs) & lens replacement

Phone (07) 3239 5005
Fax (07) 2142 5959
Email hello@focusvision.com.au
Address 87 Ipswich Road, Woolloongabba
Web focusvision.com.au

Date of referral: _____



Dr Cronin does not see dry eye disease. All dry eye patients can access fast, cutting-edge dry eye care through QEI's dedicated dry eye clinic – no referral needed.

Dear Dr Cronin,

REFERRED FOR

QEI

- ☐ Cataract ☐ Cornea / keratoconus ☐ Pterygium
☐ Other

FOCUS VISION

- ☐ Laser eye surgery ☐ ICL
☐ MFIOL / lens replacement

PATIENT INFORMATION

Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

DIAGNOSIS & CLINICAL DETAILS

REFERRING PRACTITIONER

Name: _____ Provider No: _____

Practice address: _____

Phone: _____ Signature: _____