



# RETINA ASSOCIATES

## EASTERN SUBURBS RETINA

Suite 508, Level 5, Harley Place  
251 Oxford St, Bondi Junction NSW 2022

Ph: (02) **9389 4840**  
Fax: (02) 9387 8541

### **Dr T. Justin Playfair**

Surgical & Medical Retina Specialist  
MB BS(Hons) F.R.A.C.S. F.R.A.N.Z.C.O

### **Dr Timothy Nolan**

Ophthalmic Surgeon  
Medical Retina & Macula Specialist  
MBBS(Hons) MSc FRANZCO

### **Dr Stephen Ong**

Ophthalmic Surgeon  
Medical Retina & Macula Specialist  
MBBS(Hons), FRANZCO

### **Dr Michael Chilov**

Medical Retina & Uveitis Specialist  
B.Optom(Hons) MBBS(Hons) MPH FRANZCO

### **Dr I-Van Ho**

Surgical & Medical Retina Specialist  
MB, BS, PhD, FRANZCO

## Patient

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Clinical Information

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*\* Please fill in contact details for correspondence*

### Referring Doctor / Optometrist

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Provider No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## For Your Appointment

- \* Please bring current glasses/sunglasses
- \* Please bring a list of medications, and any allergies
- \* You are advised not to drive as your pupils will be dilated
- \* Name of your GP & Optometrist (full address & phone number)
- \* Please bring Medicare/Healthfund Card/Pension Card
- \* Allow 2-3 hours for the first consultation