



**RETINA ASSOCIATES**

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## **REFERRAL**

**Assoc. Prof I-Van Ho**

MB, BS, PhD, FRANZCO  
Surgical & Medical Retina

**Assoc. Prof Alex P Hunyor**

MB, BS, FRANZCO, FRACS  
Surgical & Medical Retina

**Dr Claire Hooper**

MB, BS, FRANZCO  
Medical Retinal & Uveitis Specialist

**Dr Michael Chilov**

B.Optom (Hons) MBBS (Hons), FRANZCO  
Medical Retinal & Uveitis Specialist

**Dr Godfrey (Goff) Quin**

MBChB (Otago) PhD (Syd) FRANZCO  
Ophthalmic Surgeon & Medical Retinal Specialist

### **Patient**

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

Date of birth: \_\_\_\_\_ Telephone number: \_\_\_\_\_

### **Clinical Information**

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*Please fill in contact details for correspondence:*

**Referring Doctor / Optometrist**

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

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

**Telephone:** \_\_\_\_\_ **Provider No.** \_\_\_\_\_

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