



Cataract Surgery Referral

- Dr Andrew Crawford
- Dr Katarina Creese
- and/or first available
- Dr Xavier Fagan
- Dr Wen Lim
- Dr Ross MacIntyre
- Dr Bernardo Soares

Patient name _____

Address _____

Contact Phone _____ (mobile preferred, for SMS reminders)

BCA **R]** _____ Rx _____ / _____ x _____ BCA **L]** _____ Rx _____ / _____ x _____

HISTORY *new patient, no history

BCA **R]** _____ Rx _____ / _____ x _____ BCA **L]** _____ Rx _____ / _____ x _____

CLINICAL ASSESSMENT & RECOMMENDATIONS

*Please ask the patient to bring an up-to-date list of all the medications that they take

Optometrist _____

Address _____

Provider _____ Date _____ Signature _____