

Date: _____



Blink Referral Form

Patient Details

Name _____

Address _____

Date of Birth _____

Phone No. _____

Dr Richard Barry

MBBChBAO (Hons-UCD) MD (UCD) FRANZCO

CATARACT & VITREORETINAL SURGEON, MACULA SPECIALIST

Dr. Matthew Spargo

MBBS (Hons) BCom/Sc MPH FRANZCO

CATARACT & STRABISMUS SURGEON, GENERAL OPHTHALMOLOGIST

Eye Condition

Cataract

Surgical Retina

Medical Retina

Glaucoma

Cornea

Adult Strabismus

Paediatrics

Neuroophthalmology

Uveitis

Other

Clinical Details

Referrers Details

Name _____

Address _____

Phone No. _____

Provider No. _____

Blink Address

Underground paid parking available off Sydney Avenue on Burbury Close.

1-2hr free street parking available outside.

Elevator and stairs access to Level 2,
3 Sydney Avenue.

Other Important Information

- » Allow 2-3 hours for first appointment.
- » Advised not to drive home if eyes dilated – necessary on many visits.

Please bring:

1. Referral
2. Glasses, both reading and distance
3. Medicare card, Pension card, Health Fund card
4. Medical Summary
5. GP and Optometrist contact details

