

# Referral Form



Date .....

## Patient Details

Name .....

Address .....

Date of Birth .....

Phone No. ....

**Dr Richard Barry**  
MBBChBAO MD FRANZCO  
CATARACT & VITREORETINAL  
SURGERY, MEDICAL RETINA

**Dr Matthew Spargo**  
MBBS BSc/Com MPH FRANZCO  
CATARACT & STRABISMUS  
SURGERY, PAEDIATRIC  
OPHTHALMOLOGY

**Dr Joanne Teong**  
MBChB FRANZCO  
MEDICAL RETINA

## Eye Condition

- Cataract
- Surgical Retina
- Medical Retina
- Glaucoma
- Cornea
- Adult Strabismus
- Paediatrics
- Neuro-ophthalmology
- Uveitis
- Other .....

## Clinical Details

.....

.....

.....

.....

.....

.....

.....

.....

# Blink

## Referrers Details

Name .....

Address .....

Phone No. ....

Fax No. ....

Email .....

Provider No. ....

## Other Important Information

Allow 2 hours for first appointment.

Advised not to drive home if eyes dilated - necessary on many visits.

## Please Bring

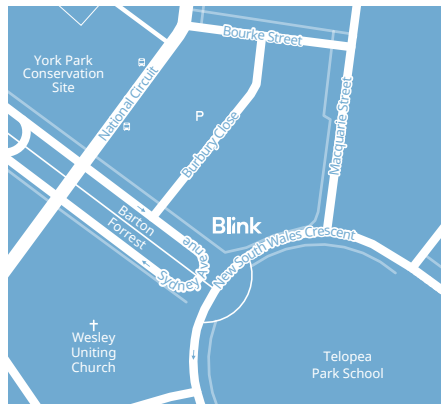
1. Referral
2. Glasses, both reading and distance
3. Medicare card, pension card, health fund card
4. Medical Summary
5. GP and Optometrist contact details

## Blink Address

Underground paid parking available off Sydney Avenue on Burbery Close.

1-2 hour free street parking available outside.

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



E: [hello@blink.clinic](mailto:hello@blink.clinic)

P: 02 5104 0929

F: 02 6113 0371

Suite 8, 3 Sydney Avenue

Barton, ACT 2600

[www.blink.clinic](http://www.blink.clinic)