

Please note that imaging (OCT, Optomap) incurs a \$90 charge to the patient.

Referral via Oculo is preferred, and imaging results will be returned to the referring practitioner through the same platform. Alternatively, this referral may be faxed to the appropriate store (fax numbers below), and results will be copied to a USB to be provided by the patient at the consultation.

Results will NOT be discussed with the patient. The referring practitioner will interpret these results in the context of all other clinical information and discuss the results with the patient.

Patient contact details

Date of birth: ___ / ___ / ___ Title: Dr Mr Mrs Ms Other: _____

First name: _____ Surname: _____

Mailing address: _____

Suburb: _____ State: _____ Postcode: _____

Patient preferred location

OPSM George St Fax: (02) 9165 9218 OPSM Liverpool Fax: (02) 9822 4905 OPSM Penrith Fax: (02) 4732 1014 OPSM Warringah Mall Fax: (02) 9905 6008

Patient clinical details

Primary reason for referral: _____

Refraction and BCVA: R _____ 6 / L: _____ 6 /

Pertinent exam findings: _____

Required tests

Posterior Eye Photography

Posterior pole

Stereo ONH

Widefield imaging (Optomap)

Central 200 deg

Fundus autofluorescence

Specific lesion (Describe location)

OCT

Macula

ONH + GCA

Visual fields (note that 10940 will be billed if appropriate)

24-2 Threshold

30-2 Threshold

10-2 Threshold

Other

Corneal topography
(\$50 out-of-pocket charge to patient - George St and Warringah Mall only)

Referrer details

Name: _____ Practice name/branch: _____

Provider number: _____ Signature: _____ Date: ___ / ___ / ___