OPSM Imaging Request

Please note that this service 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
- ☐ 10-2 Threshold
- ☐ 30-2 Threshold

Other

- ☐ Corneal topography
(Not available at Liverpool)

Referrer details

Name: _____ Practice name/branch: _____

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