



# south west vision institute

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MBBS, FRANZCO  
Cornea, Cataract, Refractive  
& General Ophthalmologist

**Dr Stephen Hing**  
MBBS, FRANZCO, FRCOphth  
Paediatric Ophthalmology  
& Strabismus

**Dr Shweta Kaushik**  
B.Medicine (Hons), MPH, PhD,  
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Glaucoma, cataract Surgery  
& General Ophthalmology

**Dr Stephen Ong**  
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Medical Retina, Cataract &  
General Ophthalmologist

**Dr Subhashini Kadappu**  
MBBS, MS (Ophth), FRANZCO  
General, Paediatric  
Ophthalmology & Strabismus

**Dr Michael J. Davies**  
FRANZCO, MBBS, M.Med,  
B.Med.Sci (Hons I)  
Oculoplastic, Orbital  
& Lacrimal Surgery

**Dr John Males**  
MBBS, BSc(Med), MMed (ClinEpi), FRANZCO  
Cornea, Cataract, Refractive  
& General Ophthalmologist

**Dr Gregory Moloney**  
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MMed (Ophth Sci)  
Cataract, Corneal & Oculoplastic Surgeon

**Dr Ellias Kehdi**  
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Paediatric Glaucoma,  
Paediatric & Strabismus,  
Cataract & General Ophthalmology

**Dr Mitchell Lawlor**  
BMed MMed PhD (Syd) FRANZCO  
Glaucoma and Cataract

## PLEASE REVIEW:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cataract       | <input type="checkbox"/> Age related macular degeneration | <input type="checkbox"/> Strabismus         |
| <input type="checkbox"/> Chalazia       | <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Infection          |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Retinal vein / artery occlusion  | <input type="checkbox"/> Glaucoma           |
| <input type="checkbox"/> Cornea         | <input type="checkbox"/> Flashes / floaters               | <input type="checkbox"/> Sudden vision loss |
| <input type="checkbox"/> Pterygium      | <input type="checkbox"/> Headache                         | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Paediatric     | <input type="checkbox"/> Eyelid                           |   |

History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Yours sincerely,

Practice address: \_\_\_\_\_  
\_\_\_\_\_

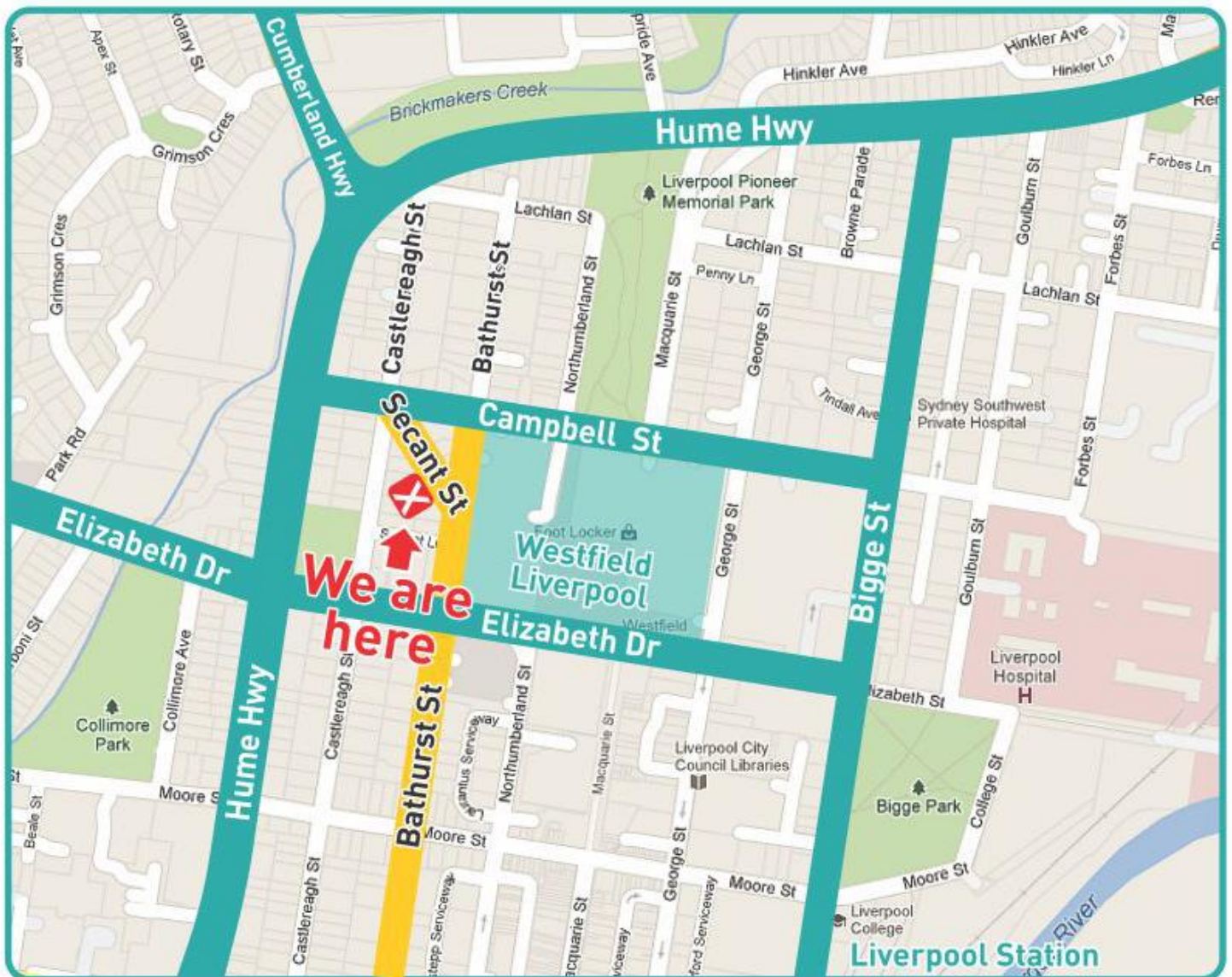
Provider no.: \_\_\_\_\_

Date: \_\_\_\_\_

Please send a new referral pad

## For Your Appointment:

- Please bring current glasses/sunglasses.
- Please bring a list of medications.
- You are advised not to drive as your pupils will be dilated.
- Please bring the name of your GP & Optometrist (full address & phone number)
- Please bring Medicare Card, Health Fund Membership Card and Pension Card
- Please allow 2 - 3 hours for the first consultation.



**south west vision institute**

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