



# south west vision institute

T. 02 9821 2993 E. admin@swvi.com.au W. www.swvi.com.au

**Dr Tess Tien Huynh**

MBBS, FRANZCO  
Cornea, Cataract, Refractive  
& General Ophthalmologist

**Dr Rahul Dubey**

MBBS (Hons) MMed (Clin Epi)  
MM (Ophth Sci) FRANZCO  
Medical & Surgical Retina  
Complex Cataract Surgery

**Dr Shweta Kaushik**

B. Medicine (Hons), MPH, PhD, FRANZCO  
Glaucoma, Cataract Surgery  
& General Ophthalmology

**Dr Peter Heydon**

MBBS BSc (Med), MMed (Ophthsc), FRANZCO  
Uveitis & Medical Retina Specialist  
Cataract Surgeon  
& General Ophthalmologist

**Dr Deepa Viswanathan**

MBBS, MS, PhD, FRCS (Glasg), FRANZCO  
Corneal and Cataract Surgeon  
& General Ophthalmologist

**Dr Stephen Ong**

MBBS, FRANZCO  
Medical Retina, Cataract &  
General Ophthalmologist

**Dr Elias Kehdi**

B. Optom, M. Optom, MBBS, FRANZCO  
Paediatric Glaucoma,  
Paediatric & Strabismus,  
Cataract & General Ophthalmology

**Dr John Leaney**

MBBS, PhD, BEng (Chem) (Hons), FRANZCO  
Glaucoma & Cataract surgeon  
Neuro-ophthalmology specialist

**Dr Jerome Ha**

MBBS, FRANZCO  
Cataract & Oculoplastic Surgeon

**Dr Ethan Nguyen**

MBBS, MMed (Ophth. Sci.), FRANZCO  
Glaucoma, Medical Retina &  
Cataract Surgeon

**Dr John Males**

MBBS, BSc(Med), MMed (ClinEpi), FRANZCO  
Cornea, Cataract, Refractive  
& General Ophthalmologist

**Dr Jason Cheng**

BSc, MBBS, FRCOphth, FEBO,  
FAMS, FRANZCO  
Glaucoma sub-specialist

**Dr Alex Hamilton**

BMed, MPHTM (Dist), FRANZCO  
Corneal, Cataract & Refractive Surgeon  
Medical Retina Specialist

**Dr Subhashini Kadappu**

MBBS, MS (Ophth), FRANZCO  
General, Paediatric  
Ophthalmology & Strabismus

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

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

Reason for referring: \_\_\_\_\_

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

Yours sincerely,

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

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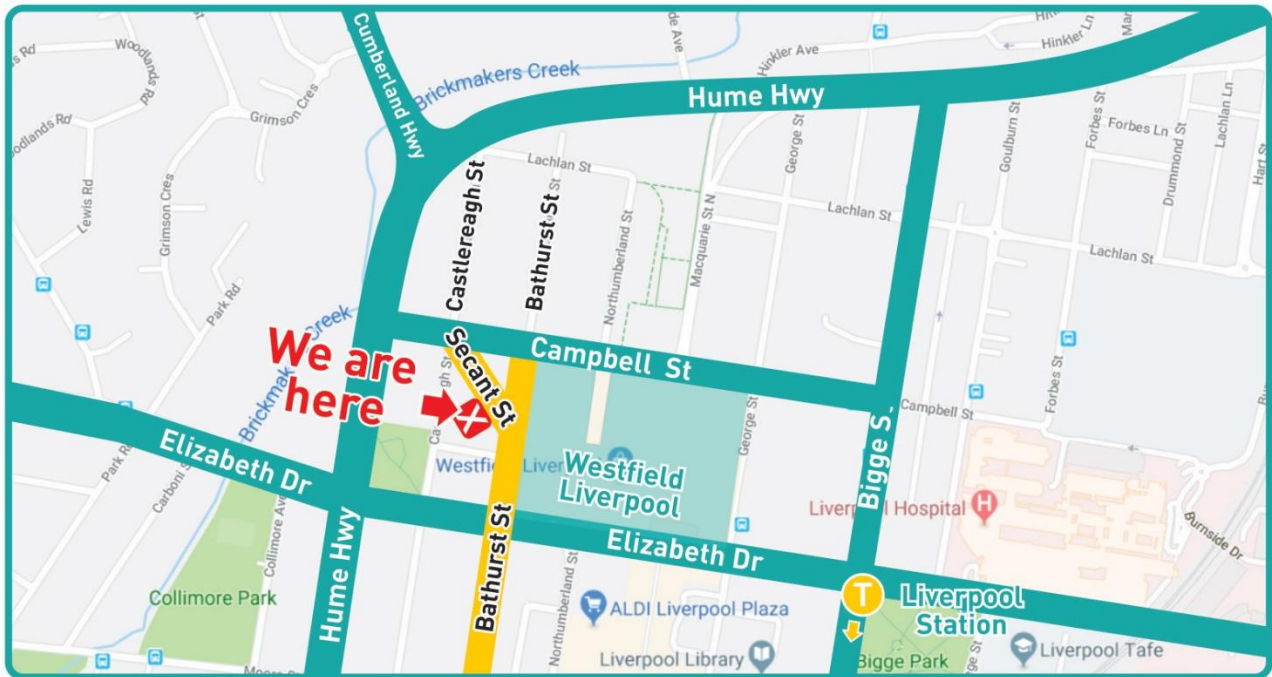
Date: \_\_\_\_\_

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

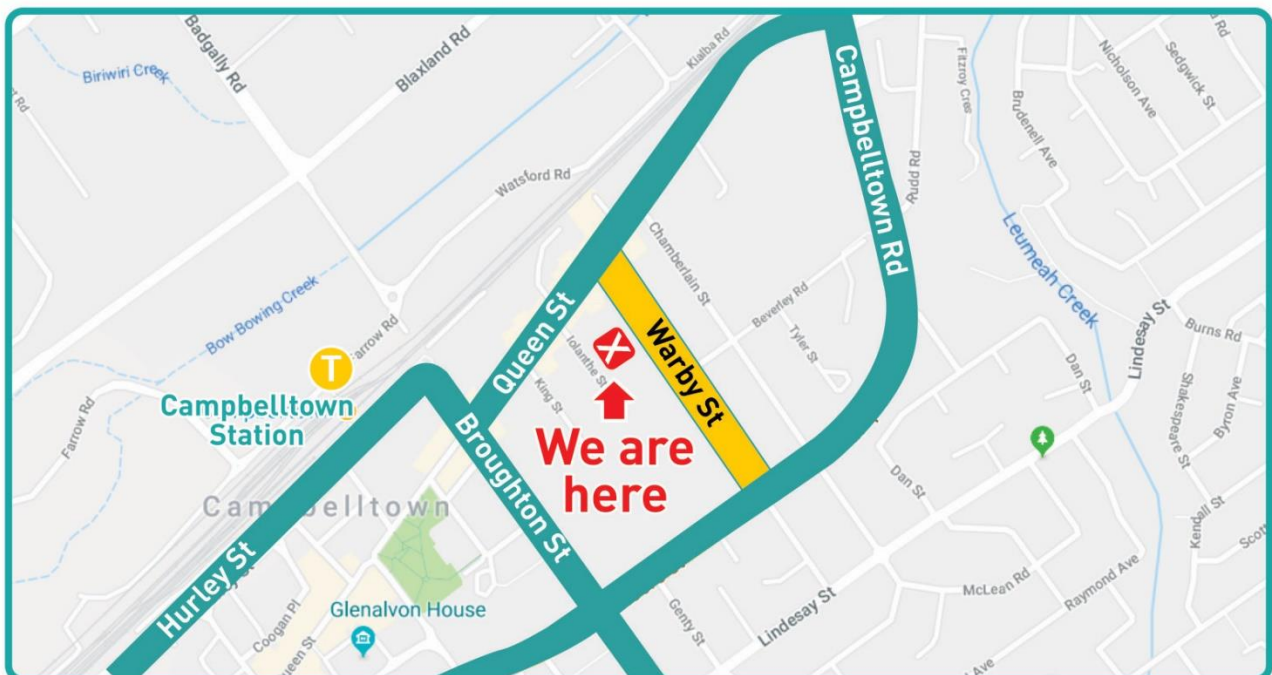
Please send a new referral pad

## 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.



**LIVERPOOL:** Level 2, 7 Secant Street, Liverpool NSW 2170



**CAMPBELLTOWN:** 1 Warby St, Campbelltown NSW 2560