

# IE

INSIGHT EYE SURGERY

Date of referral:      /      /       Brisbane       Noosa

**Request for:**  Dr Madeleine Adams

**Patient information:**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Referred for:**  Right eye  Left eye  
 Cataract  Glaucoma  Pterygium  Eyelid pathology  
 Macular Pathology: \_\_\_\_\_  
 Retinal Pathology: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Referring Doctor/Optometrist:**

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

Provider number: \_\_\_\_\_ Signature: \_\_\_\_\_

**Eye care – about you**

# IE

To make an appointment call:

**07 3154 1515**

**Brisbane**

Suite 203, Westside Private Hospital  
32 Morrow Street, Taringa  
Brisbane QLD 4068  
T: 07 3154 1515

**Noosa**

1/31 Thomas Street  
Noosaville QLD 4068  
T: 07 5345 5011

E: [info@insighteyesurgery.com.au](mailto:info@insighteyesurgery.com.au)

F: 07 3154 1516

[www.insighteyesurgery.com.au](http://www.insighteyesurgery.com.au)

*We accept digital referrals via electronic template by Oculo and Medical Objects.  
Please contact us for more information.*

**Dr Madeleine Adams**

MB ChB BSc (Hons) PhD (Melb) FRANZCO  
Specialist Ophthalmic Surgeon

ABN: 625 894 402

