



## 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: \_\_\_\_\_

To make an appointment call:

**07 3154 1515**

Suite 203

**Westside Private Hospital**

32 Morrow Street

Taringa, Brisbane QLD 4068

T: 07 3154 1515

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

Suite 4

**Noosa Hospital**

111 Goodchap Street

Noosaville QLD 4566

T: 07 5455 9459

E: [noosa@insighteyesurgery.com.au](mailto:noosa@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.*

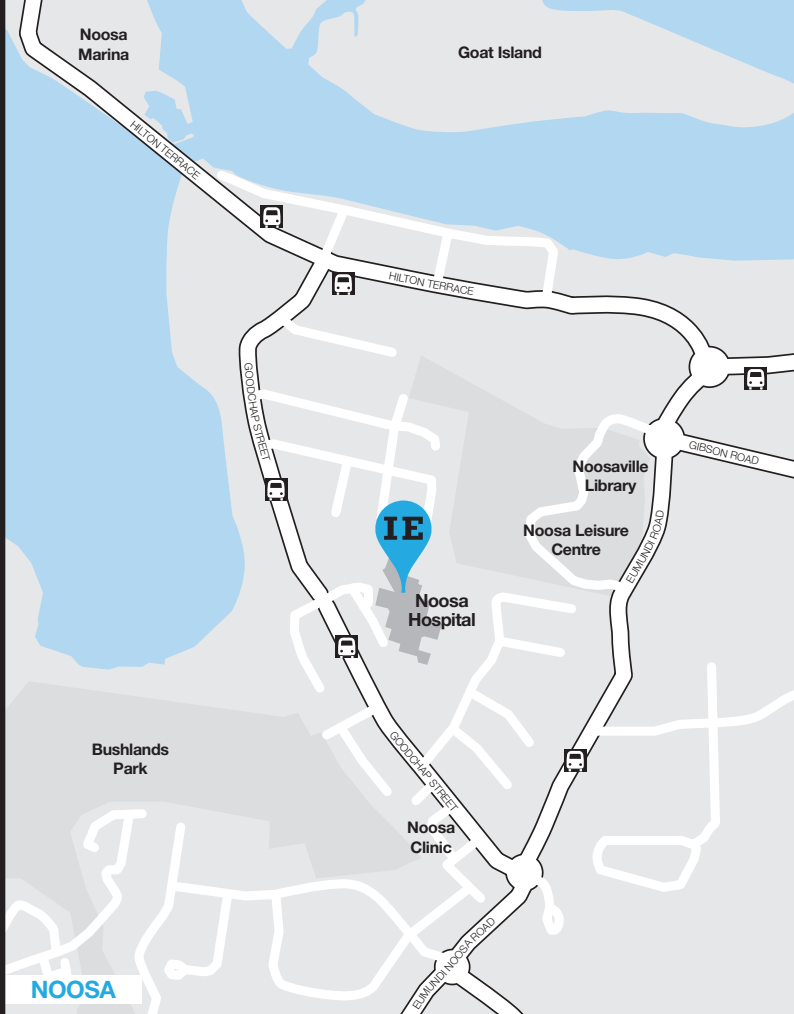
### Dr Madeleine Adams

MB ChB BSc (Hons) PhD (Melb) FRANZCO

Specialist Ophthalmic Surgeon



BRISBANE



NOOSA