



**STRATHFIELD
EYE SURGERY**

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Cataract, Medical Retina
General Ophthalmology

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Medical & Surgical Retina, Cataract

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EYE SPECIALIST REFERRAL

Patient's Name:

Date of Birth: / / Gender: M / F

Phone:

Cataract

Reduced Vision

Glaucoma

Flashes & Floaters

Diabetic Retinopathy

Eye Pain / Red Eyes

Macular Disease

Retinal Detachment

Ocular Inflammation

Other

Description of problems:

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Referrer's Name:

Signature:

Provider Number:

Date:

Practice Address:

Phone: