OPHTHALMOLOGIST REFERRAL LETTER

Dr Vivek Chowdhury Eye Surgeon 269199CW MBBS (Hons I), PhD, FRANZCO



Cataract Surgery & General Opthalmology

Dear Dr Chowdhury,			
Please review			
Patient's Name:			
Date of Birth:	Phone Numb	er:	
With regard to:			
☐ Blurry Vision	Eye Pain		Eye Check
Cataract Surgery	Retina/Macula Revi	ew [Urgent
Referred by			
Referrer's Name:	F	Provider I	No:
Signature:	[Date:	

TURN OVER FOR MAP AND INSTRUCTIONS

Suite 102, 22 Clarke Street, Crows Nest NSW 2065 Phone: (02) 8320 2000 | Fax: (02) 9475 5191

Email: reception@crowsnesteye.com

www.crowsnesteye.com

BRING THIS REFERRAL ON THE DAY OF YOUR APPOINTMENT





WE ARE LOCATED AT 22 CLARKE STREET

INSTRUCTIONS

- · Please organise someone else to drive you home, as your vision may be blurry after your appointment.
- · Bring any glasses or eye drops that you use, including your sunglasses.
- · Please allow at least 60 minutes for your appointment.

HOW TO GET THERE

- Hume Street Car Park is the closest parking station with 2 hours free parking. Free parking is also available at the other council car parks in Crows Nest.
- **Sydney Metro** Crows Nest Station is next to the clinic opens in 2024.
- St Leonards Train Station is a 10 minute walk.
- Bus routes operate along Pacific Highway and through Crows Nest.

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