

REFERRAL



Date of Referral: _____

P.E.R.F.E.C.T. for PTERYGIUM® PARTNERS

Patient Information

Name: _____

DOB: _____ Phone: _____

Address: _____

Referring Practitioner

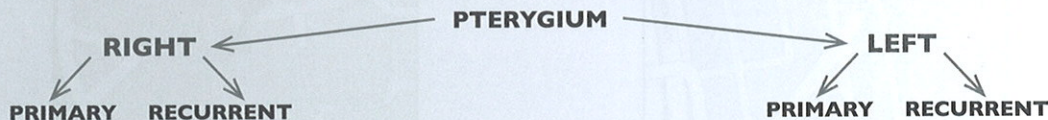
Name: _____ Provider No: _____

Address: _____

Phone: _____ Signature: _____

Condition

(PLEASE CIRCLE PATHOLOGY)



Ophthalmologist

(PLEASE TICK OPHTHALMOLOGIST AND LOCATION)

LAWRENCE HIRST

Location

- SYDNEY (North Sydney)
 GOLD COAST (Southport)
 WEST BRISBANE (Graceville)

KATHERINE SMALLCOMBE

Location

- WEST BRISBANE (Indooroopilly)
 NORTH BRISBANE (Redcliffe)

PHONE +61 7 3171 0017
FOR ALL DR HIRST
APPOINTMENTS

PHONE +61 7 3063 1600
FOR ALL DR SMALLCOMBE
APPOINTMENTS

P.E.R.F.E.C.T. for PTERYGIUM® provides the lowest recurrence rate and the best cosmetic result in the world