



## CLINIC PHONE 07 3239 5000

### Address

Level 4,  
140 Melbourne Street,  
South Brisbane  
Q 4101

### Postal address

PO Box 5886,  
West End  
Q 4101

### Clinic fax

07 3844 2246

### Clinic email

reception@qei.org.au

### www.qei.org.au



### Dr Abhishek Sharma

Cataract & Retinal Surgeon  
Abhishek.Sharma@qei.org.au

Date of Referral: \_\_\_\_\_

Dear Dr. **Abhishek Sharma**

### Patient Information:

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

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

DOB: \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (M): \_\_\_\_\_

### Referred for:

**RIGHT EYE**

**LEFT EYE**

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

### Referring Practitioner:

\_\_\_\_\_

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

\_\_\_\_\_

Provider No: \_\_\_\_\_



QUEENSLAND  
**eye**  
INSTITUTE  
CLARITY FOR LIFE

## WHERE TO FIND US

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