

Suite 206 – 209 Level 2, 13 Spring Street Chatswood NSW 2067

Ph: (02) 9410 1011

Fax: (02) 9415 2314

email: info@laser-vision.com.au

Dr Kim D. Frumar

OPHTHALMIC SURGEON
MB BS FRACS FRACO FRCOph

Please Tick

General Review	Name:
Caser Surgery Consultation	DOB:
Macular / Retinal	Contact No:
Cataract	Clinical Notes
Glaucoma	
O Dry Eye	
Red Eye / Watery Eye	
Flashes / Floaters	
RTA Form / Drivers Eye Test	
Aviation Form	
Referring Doctor / Optometrist	
Name:	
Address:	
Phone No:	Provider No:
Signature	Date:

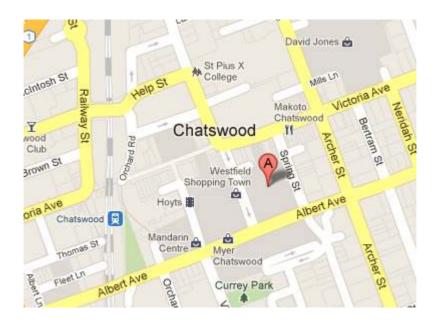
Patient

Referral Northern Laser Vision Centre

Address: Suite 206-209, Level 2, 13 Spring Street,

Chatswood, NSW 2067

Phone: 02 9410 1011 Fax: 02 9415 2314



Information for the patient

- Please bring along with you your most current glasses/contact lenses
- allow 2-3 hours for your consultation
- please bring a list of the medications you are taking as well as a list of your allergies
- bring along your Medicare card/Healthfund card/ Pensioner card
- Your pupils will be dilated during consultation so we would like to advise against driving on the day