



**Northern Laser
Vision Centre**
Look forward to better vision

**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
- Laser Surgery Consultation
- Macular / Retinal
- Cataract
- Glaucoma
- Dry Eye
- Red Eye / Watery Eye
- Flashes / Floaters
- RTA Form / Drivers Eye Test
- Aviation Form

Patient

Name:

DOB:

Contact No:

Clinical Notes

Referring Doctor / Optometrist

Name:.....

Address:.....

Phone No:.....

Provider No:.....

Signature.....

Date:.....

Referral Northern Laser Vision Centre

Address: Suite 206-209, Level 2, 13 Spring Street,
Chatswood, NSW 2067

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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