



Date of Referral _____

Referred to Dr Lawrence Lee

Dr Graham Lee

Dr Niall Aboud

City Eye Centre

Level 10
135 Wickham Tce Brisbane QLD 4000
Phone: 07 3831 6888
Fax: 07 3831 6883

City Eye Centre Southside

Level 1, Specialist Medical Centre
171 McCullough St, Sunnybank QLD 4109
Phone: 07 3345 7111
Fax: 07 3345 9588

Patient Details

First Name: _____

Surname: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Mobile: _____

Date and Time of Appointment _____

Reasons for Referral

Referring Practitioner

Practitioner Name: _____ Provider No: _____

Practice Name and Address: _____

Practice Phone No: _____ Fax No: _____

Signed: _____