

SAFETY / ACCESS INFORMATION	
Is there adequate parking available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are animals restrained?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the mobile phone coverage on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other safety of access issues to be aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details:

DOCTOR DETAILS	
Doctor's name:	
Clinic name:	
Phone:	

REPORT DETAILS			
Consent to request reports:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Request return Report:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Report to be sent to:			

Please return completed form to: refer@opthealth.com.au or fax 02 8004 8133

ADMIN		
<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Entered into Front Desk	<input type="checkbox"/> Emailed practitioner