- ☐ **Prof I-Van Ho**
  Vitreoretinal Surgeon & Macula Specialist
  MB, BS, PhD, FRANZCO
  Provider No. 221604UK
- ☐ **Dr Stephen Ong**
  Ophthalmic Surgeon & Macula Specialist
  MBBS(Hons), FRANZCO
  Provider No. 221443KY
- ☐ **Dr Timothy Nolan**
  Ophthalmic Surgeon & Macula Specialist
  MBBS(Hons), MSc, FRANZCO
  Provider No. 231954JY
- ☐ **Assoc Prof Gerald Liew**
  Medical Retina Specialist & Clinical Trials
  MBBS (Hons), MMed (Hons), PhD, FRANZCO
  Provider No. 250893HA
- ☐ **Dr Rohan Merani**
  Medical Retina Specialist
  MBBS(Hons) MMed FRANZCO
  Provider No. 232201CF
- ☐ **Dr Claire Hooper**
  Medical Retina & Uveitis Specialist
  MBBS FRANZCO
  Provider No 223710LT
- ☐ **Dr Ee-Munn Chia**
  Medical Retina Specialist
  MBBS (Hons), PhD, FRANZCO
  Provider No 228260WA
- ☐ **Dr Son Huynh**
  Ophthalmic Surgeon & Medical Retina Specialist
  MBBS (Hons), MMed, PhD, FRANZCO
  Provider No 227660FY
- ☐ **Dr Godfrey (Goff) Quin**
  Medical Retina Specialist
  MBChB (Otago) PhD (Syd) FRANZCO
  Provider No. 234725CF
- ☐ **Dr James Leong**
  Vitreoretinal Surgeon & Medical Retina Specialist
  BMed(OphthSc) MM(Hons) MBBSedSc FRANZCO
  Provider No. 250030GX
- ☐ **Dr Jennifer Ip**
  Medical Retina Specialist
  B Med Sci, MBBS(Hons), PhD, FRANZCO
  Provider No 250178EB
- ☐ **Dr Vivek Pandya**
  Vitreoretinal Surgeon & Macula Specialist
  BSc (Med), MBBS (Hons), MMed, FRANZCO
  Provider No. 2733438L
- ☐ **Dr Helen Do**
  Ophthalmic Surgeon & Macula Specialist
  MBBS (Hons 1), M.Med, FRANZCO
  Provider No. 265960KH
- ☐ **Dr Daniel Narayan**
  Cataract and Glaucoma Specialist
  MBBS, BMedSci(Hons), MPhil, FRANZCO
  Provider No. 549844CT
- ☐ **Dr Alannah Walsh**
  Cataract, Glaucoma & General Ophthalmology Specialist
  MBBS. MMed, FRANZCO
  Provider No. 447695WX

Retina Associates
South West Retina

57-59 Memorial Ave, Liverpool NSW 2170
P. (02) 8778 9400 **F:** (02) 9822 8593
E: swr@retina.com.au **www.retina.com.au**

Patient

Name: _____

Date of Birth: _____

Clinical Information

_____

_____

_____

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_____

_____

_____

Referring Doctor / Optometrist

*Please fill in contact details for correspondence

Name: _____

Address: _____

_____

Telephone: _____

Signature: _____

Provider No: _____

Date: _____

Retina Associates
South West Retina

57-59 Memorial Ave, Liverpool, NSW 2170

PARKING AVAILABLE ONSITE

Tel: (02) 8778 9400

Email: swr@retina.com.au



For Your Appointment

* Please bring current glasses/sunglasses
* Please bring a list of medications, and any allergies
* You are advised not to drive as your pupils will be dilated
* Name of your GP & Optometrist (full address & phone number)
* Please bring Medicare/Healthfund Card/Pension Card
* Allow 2-3 hours for the first consultation