

ANIMAL EYE SERVICES REFERRAL INFORMATION

Client Details: Surname Christian Name.....

Patient Name Species

Breed Age Sex: M F MN FN

Referring Veterinarian Clinic Name

Phone Fax email

History: Eye/s affected: RIGHT LEFT BOTH

.....
.....
.....
.....
.....
.....
.....

Drugs used on the eye/s

Drug Name Eye..... Frequency

Drug Name Eye..... Frequency

Drug Name Eye..... Frequency

Oral drugs

Drug Name Dosage Frequency

Drug Name Dosage Frequency

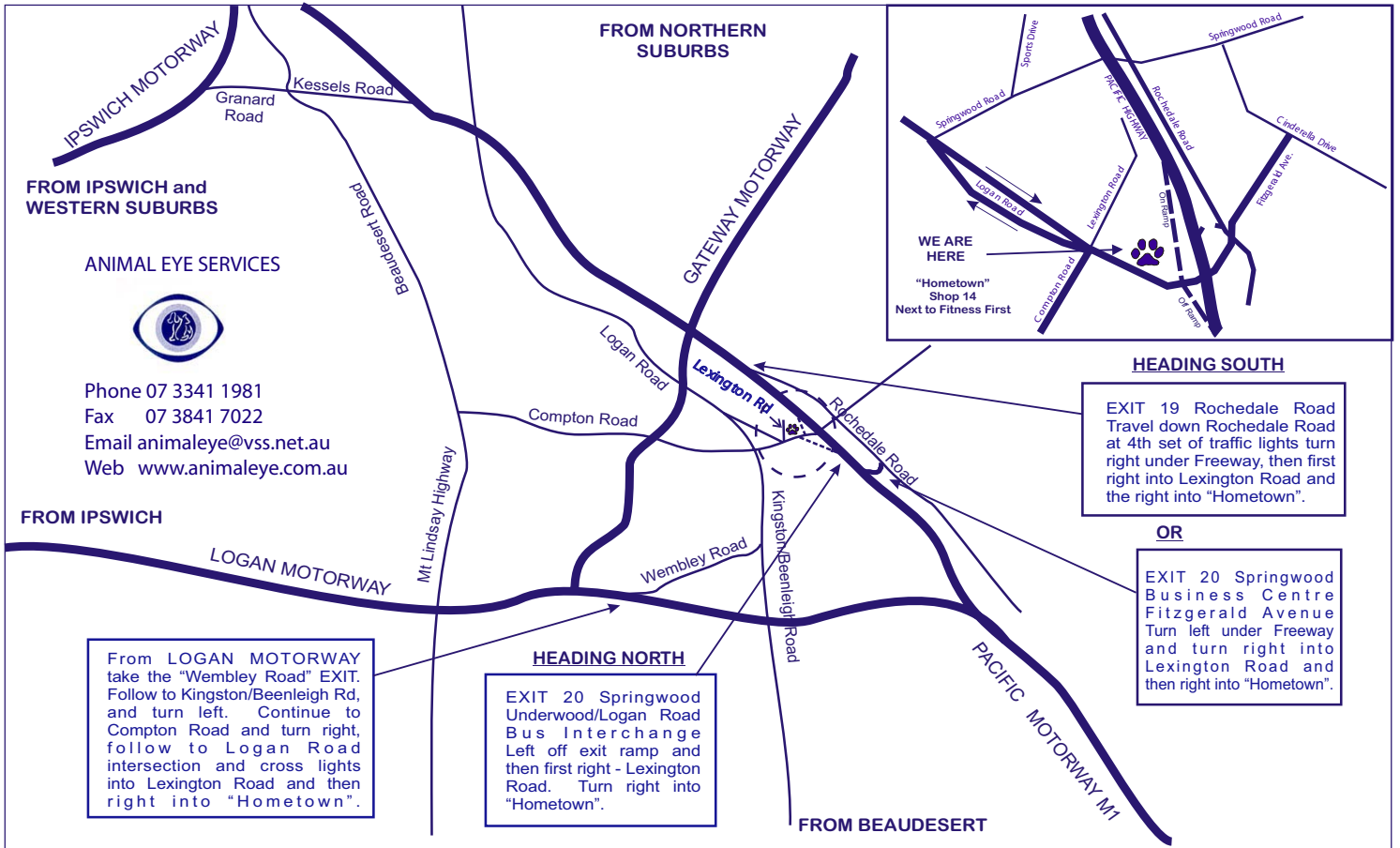
Drug Name Dosage Frequency

Drugs given by injection

Drug Name Route Dose..... Frequency.....

Drug Name Route Dose..... Frequency.....

Referring veterinarian: please fill in the history details and send with client OR fax to Animal Eye Services at 07 3841 7022 or email to animaleye@vss.net.au
Pet Owner: please make an appointment by phoning 07 3341 1981 and bring this form with you when you present your pet for consultation.



ANIMAL EYE SERVICES

PHONE 07 3341 1981

FAX 07 3841 7022

EMAIL animaleye@vss.net.au
 WEBSITE www.animaleye.com.au

Shop 14 "Hometown"
 Cnr Lexington and Logan Road
 Underwood QLD 4119

Hours: 8AM-6PM Monday to Friday

PROFESSIONAL STAFF

Michael E Bernays
 BVSc (Hons) FACVSc (Ophthalmology)
Veterinary Ophthalmologist

Vicki L Liddle
 BVSc (Hons)
Veterinary Ophthalmology Resident

NURSING STAFF

Melyssa Macready **Veterinary Ophthalmic Nurse**
 Leonie Harris **Veterinary Ophthalmic Nurse**
 Elisa Gubellini **Veterinary Ophthalmic Nurse**

YOUR APPOINTMENT DETAILS

DATE:

TIME: