

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

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Drugs used on the eye/s

Drug Name Eye..... Frequency Dates used

Drug Name Eye..... Frequency Dates used

Drug Name Eye..... Frequency Dates used

Oral drugs

Drug Name Dosage Frequency Dates used

Drug Name Dosage Frequency Dates used

Drug Name Dosage Frequency Dates used

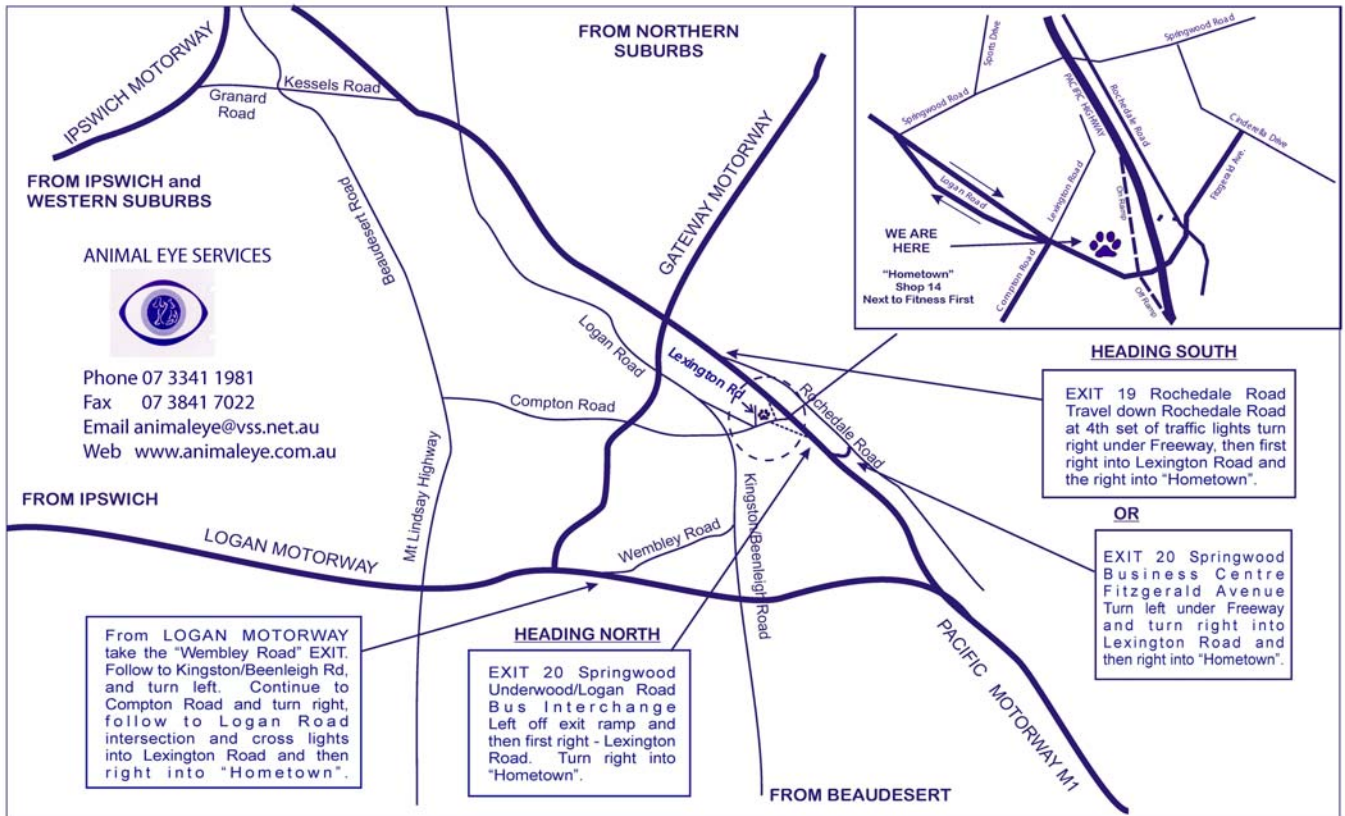
Drugs given by injection

Drug NameRouteDose.....Frequency.....

Drug NameRouteDose.....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 "The Centre @ Springwood"
 Cnr Lexington and Logan Road
 Underwood QLD 4119

Hours: 8AM-6PM Monday to Friday

PROFESSIONAL STAFF

Dr Michael E. Bernays

BVSc MANZCVS FANZCVS(Ophthalmology)

Veterinary Ophthalmologist and Director

Dr James S White

BVSc MANZCVS

Veterinary Ophthalmology Registrar and Director

Dr Kaila Leidreiter

BVSc

Veterinary Ophthalmology Resident

NURSING STAFF

Melyssa Macready **Veterinary Ophthalmic Nurse**

Leonie Harris **Veterinary Ophthalmic Nurse**

Amber Owen **Veterinary Ophthalmic Nurse**

YOUR APPOINTMENT DETAILS

DATE:

TIME: