



mona vale EYE CENTRE

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Patient Details

Name: _____

Contact: _____

This patient has been referred for:

- Cataract
- Diabetic retinopathy
- Macular degeneration
- Glaucoma
- Pterygium
- Strabismus
- Eye check

Other _____

Additional Information _____

Signature _____ Please send another referral pad

DR. JERRY VONGPHANIT
CATARACT, GLAUCOMA
OCULOPLASTICS

DR. CHARMAINE LIM
GENERAL OPHTHALMOLOGY
AND MEDICAL RETINA

DR. EE-MUNN CHIA
GENERAL OPHTHALMOLOGY
AND MEDICAL RETINA

FOR APPOINTMENTS, PLEASE TELEPHONE 9979 3299