



**Eyehaus**

**Dr Jed Lusthaus**

MBBS (Adel), MPH (Syd), FRANZCO  
Ophthalmic Surgeon

Referral date: ...../...../.....

**Patient details**

Name: ..... DOB: .....

Email: ..... Tel: .....

**Reason for Referral / Important Information:**

**Referring Doctor/Optometrlist details:**

Name: .....

Practice name: ..... .....

Provider number: ..... Signature

Phone: .....

**We are located at:** Level 1, Shop 65B, Royal Randwick  
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**Email:** info@eyehaus.com.au