

**Jeffrey S. Smith** BVSc, FRCVSc  
Diplomate American College  
Veterinary Ophthalmologists

**Cameron J. G. Whittaker** BVSc, DVCS  
Diplomate American College  
Veterinary Ophthalmologists



All correspondence to Crows Nest address

**CROWS NEST**  
64 Atchison St  
Crows Nest NSW 2065  
Ph: (02) 9436 4884 • Fax: (02) 9906 5710

**HOME BUSH WEST**  
250 Parramatta Rd,  
Homebush West NSW 2140  
Ph: 02 975 88 666 • Fax: 02 975 88 880

## PRACTITIONER REFERRAL FORM

Consultations **by appointment only** at Crows Nest, South Strathfield or Baulkham Hills **Monday - Saturday**,  
and **emergencies after hours**.

**Clients please note:** Surgery is only performed at our *Crows Nest* or *South Strathfield* clinics.

Referral for Mr/Mrs/Ms/Dr: ..... Pet Name: .....

Dog/Cat/Horse/Bird/Other: ..... Age: ..... Breed: ..... Sex:  M  F

### For the owner:

Please ring either Crows Nest or Strathfield to schedule an appointment at one of our Sydney locations  
(see details and maps over the page).

**Your appointment is on** ..... (date) at ..... am / pm  
and is at the clinic located at  South Strathfield  Crows Nest  Baulkham Hills

## REFERRING VETERINARIAN DETAILS

From: Dr: ..... Phone: (.....) ..... Fax: (.....) .....

Clinic Name and Address: .....

Preferred method of Report:  Phone  Fax  Letter

## NATURE OF THE EYE DISEASE

Presenting problem: .....

Previous / current treatment: .....

Other comments: .....

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## HOSPITAL LOCATIONS

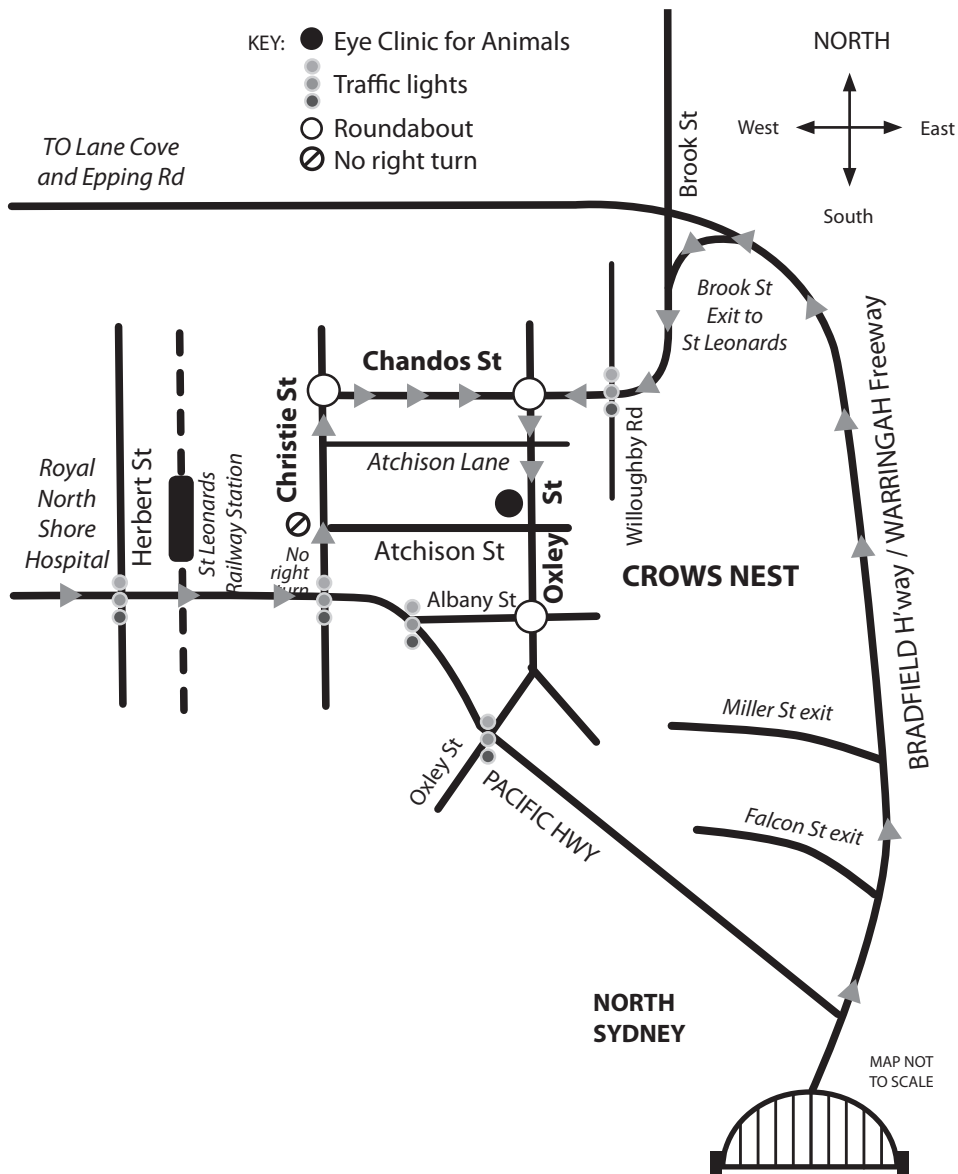
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(Clinic and surgery)  
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 Fax: (02) 9906 5710



(Map for Homebush West will be added soon)