

# NORTHERN EYE SURGERY

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Referral to:  Dr Sartaj Sandhu

Referral Date:

Dr Vicky Lu

Dr Ju-Lee Ooi

Dr Sven Whitehouse

Patient's name: ..... Contact Number: .....

Date of birth: .....

Clinical Notes: .....

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.....

Referred by: .....

Practice Name/Location: .....

Provider No.: .....

Signature: .....

Appointment Date:     /     /

Time: \_\_\_\_\_

## DIRECTOR

**DR SVEN WHITEHOUSE**  
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Ophthalmic Surgeon:  
Cataract Surgery Specialist

## ASSOCIATES

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Diabetic Retinopathy,  
Medical Retina,  
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