



Fax to 02 8115 0799

To refer to Centre for Eye Health, you must first register. Registration is **free** and simply involves completing the following details, reviewing our terms and conditions and returning the signed form. Once registered, you will be sent a referrer information pack. Please print clearly and tick checkboxes as appropriate.

NOTE: If you are already registered with CFEH and wish to change your details, please complete the Practitioner Change of Details form.

REFERRING PRACTITIONER DETAILS

Title: _____

First Name: _____

Last Name: _____

I am therapeutically qualified

I am not therapeutically qualified

PRACTICE DETAILS

Practice Name: _____

Practice Mailing Address: _____

Practice Street Address (if different): _____

Suburb: _____ Postcode: _____ State: _____

Suburb: _____ Postcode: _____ State: _____

Phone: _____

Medicare Provider Number: _____

Email: _____

PRACTICE DETAILS

Practice Name: _____

Practice Mailing Address: _____

Practice Street Address (if different): _____

Suburb: _____ Postcode: _____ State: _____

Suburb: _____ Postcode: _____ State: _____

Phone: _____

Medicare Provider Number: _____

Email: _____

COMMUNICATION FROM CFEH

The Centre will provide important updates and other relevant opportunities to its registered practitioners. To receive this information, please provide your consent and contact details below (if different from practice above).

Yes, I would like to receive updates via Email or Post No, I do not want to receive updates

Mailing Address: _____

Mobile: _____

Suburb: _____ Postcode: _____ State: _____

Email: _____

AGREEMENT

I acknowledge that I have read and agree to abide by the Glaucoma Management Clinic Terms and Agreement.

Signature: _____

Date: / /

CFEH Office Use Only

Date received: _____ VIP DR PACK SCAN