

**DEPARTMENT OF OPHTHALMOLOGY
WOMEN'S & CHILDREN'S HOSPITAL**

Phone: (08) 8161 8308 – weekday working hours only
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Email: CYWHSPAediatricOphthalmology@sa.gov.au

WCHN Patient sticker



Health
Women's and Children's
Health Network

Glasses prescription

**PAEDIATRIC
OPHTHALMOLOGISTS**

Dr Jo Black
Head of Unit

Dr Katie Billing

Dr Swati Sinkar

Dr Jude Fitzgerald

Dr Shilpa Kuruvilla

OCULOPLASTICS

Dr James Slattery

UVEITIS

Dr Tim Greenwell

OCULAR ONGOLOGY

Dr David Sia

RETINA

Dr Weng Onn Chan

ORTHOPTISTS

Natalie Ainscough

Lachlan Knight

Jessica Collins

Tania Straga

Denise Bartolo

Erica Simpson

**PAEDIATRIC
OPTOMETRIST**

Claire Ong

**CONTACT LENS
OPTOMETRIST**

David O'Brien

**DEPARTMENT
ADMINISTRATIVE**

ASSISTANT

Sara Rilstone

Date of refraction: _____ Date of prescription: _____

Consultant: _____

Refraction type: Cycloplegic Subjective

	Sphere	Cylinder	Axis	Addition	Prism
Right eye					
Left eye					

Prescription to be refined by community optometrist (only required if ticked)

Additional information: _____

Near Addition instructions (where applicable):

Type: Executive bifocal / Large D segment bifocal Standard D segment

Position: 2mm below pupil Standard position

Lens/Frame Options:

Baby frames – lightweight/flexible plastic or silicone

Other (please specify): _____

Any issues or queries regarding this glasses prescription, please contact the Ophthalmology Department on the phone number or email above.

Signature _____ Print name

INFORMATION FOR DISPENSING PRACTICE

All prescriptions distributed are **ready to dispense** unless otherwise specified, i.e., do not require refinement from an optometrist unless otherwise specified above

All glasses are to be worn **full time** unless otherwise specified.

We ask the dispensing practice to assess PDs for patients, this is not assessed at WCH.