

<b>Clinic Name</b>	Bankstown-Lidcombe Eye Clinic
<b>Conditions seen</b>	Eye Conditions - see below for exceptions
<b>Conditions not seen</b>	<p><b>Age related macular degeneration</b>, Family history but asymptomatic</p> <p><b>Blepharitis</b>, Chronic (Not severe)</p> <p><b>Conjunctivitis</b>, No other signs or symptoms</p> <p><b>Cornea</b>, No surgical cornea/corneal transplantation</p> <p><b>Contact Lens</b>, New or replacement</p> <p><b>Diabetes</b>, Newly diagnosed / for screening; No evidence of diabetic retinopathy and or visual acuity better than 6/12 corrected</p> <p><b>Dry eyes</b></p> <p><b>Epiphora (watery eye)</b>, Intermittent watery or blocked tear duct</p> <p><b>Epiretinal Membrane</b></p> <p><b>Headaches</b> When reading/migraine with no ophthalmic symptoms, Tension headaches with no ophthalmic symptoms</p> <p><b>Itchy eyes</b>, Longstanding with no lid or corneal involvement</p> <p><b>Lids</b>, No ocular plastics consultation</p> <p><b>Pterygium</b>, Asymptomatic and or visual acuity better than 6/12 corrected</p> <p><b>Red eye</b>, Chronic /no associated visual loss or pain</p> <p><b>Refraction</b></p> <p><b>Trichiasis</b>, eyelash removal</p> <p><b>Visual acuity for cataract</b>, Better than 6/12 corrected</p>
<b>Paediatric service</b>	No
<b>Accept referrals from</b>	GP, Optometrist, Ophthalmologist
<b>How to refer</b>	Referral needed from GP or Optometrist or Private Ophthalmologist Fax referral form: Attention to Bankstown Eye Clinic to 02 9722 8398
<b>Urgent referrals</b>	
<b>Contact</b>	02 9722 8380
<b>Hours</b>	
<b>Website</b>	<a href="http://www.swsphn.com.au/lookaftermyeyes">http://www.swsphn.com.au/lookaftermyeyes</a> <a href="http://www.swslhd.nsw.gov.au/bankstown/Outpatients.html">http://www.swslhd.nsw.gov.au/bankstown/Outpatients.html</a>
<b>Additional Information</b>	