



**DR ANDRE BURGER**  
**Ophthalmologist**

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Dear Sir/Madam, Please complete below:Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Do you have any allergies? If so, please describe them:\_\_\_\_\_

Do you smoke: Yes/No \_\_\_\_\_

Are you currently on treatment for any disease? (example:high blood pressure or diabetes) If diabetic: Most recent glucose level: Tablets or insulin:

\_\_\_\_\_

1) \_\_\_\_\_years 3) \_\_\_\_\_years

2) \_\_\_\_\_years 4) \_\_\_\_\_years

Are you currently taking any medication, what?

1) \_\_\_\_\_years 3) \_\_\_\_\_years

2) \_\_\_\_\_years 4) \_\_\_\_\_years

Do you wear corrective equipment such as glasses and/or contact lenses?  
what? Duration? :

Have you had procedures or operations done to your eyes?(eg cataract or lazer etc) Date(year): \_\_\_\_\_

Have you undergone any major operations or serious illness?

Have you been treated by any other eye specialist/surgeon?

Name:

Have you been referred by OPTOM/DOCTOR/OTHER? Name: