

CONSULTATION REQUEST FORM

M. Alizadeh-Ebadi, MD FRCS
Eye Physician and Surgeon
Cornea, Anterior Segment,
And External Eye Disease
Comprehensive Ophthalmology

Dena Hammoudi, MD FRCS
Eye Physician and Surgeon
Comprehensive Ophthalmology

Efrem Mandelcorn, MD FRCS
Eye Physician and Surgeon
Medical Diseases of the Retina
Vitreoretinal Surgery

Fariba Nazemi, MD FRCS
Eye Physician and Surgeon
Strabismus and Cataract Surgery
Pediatric Ophthalmology

Sohel Somani, MD FRCS
Eye Physician and Surgeon
Cataract Surgery
Medical Diseases of the Retina

Eric S. Tam, MD FRCS
Eye Physician and Surgeon
Cataract and Refractive Surgery
Comprehensive Ophthalmology

Daniel Weisbrod, MD FRCS
Eye Physician and Surgeon
Medical Diseases of the Retina

Darana Yuen, MD FRCS
Eye Physician and Surgeon
Glaucoma and Anterior Segment
Comprehensive Ophthalmology

Referring Doctor: _____

OHIP Billing #: _____

Office Phone: _____ Fax: _____

Patient Last Name: _____

First Name: _____

Health Card #: _____ Version Code: _____

DOB (Y-M-D): _____

Address: _____

Phone: _____ Alternate Contact: _____

Thank you for your referral. All referrals will be reviewed within 5 working days. If you have not been notified of a consultation appointment by that time, please contact our office directly.

Please complete all information legibly. Incomplete referral forms will not be processed.

| | | | | |
|---|-------------------------|--------------------|---|--------------|
| CONSULT WITH: <input type="checkbox"/> No preference <input type="checkbox"/> Dr. S. Somani <input type="checkbox"/> Dr. E.S. Tam <input type="checkbox"/> Dr. M. Alizadeh-Ebadi <input type="checkbox"/> Dr. D. Weisbrod <input type="checkbox"/> Dr. D. Yuen <input type="checkbox"/> Dr. F. Nazemi <input type="checkbox"/> Dr. E. Mandelcorn <input type="checkbox"/> Dr. D. Hammoudi | | | URGENCY: <input type="checkbox"/> Routine <input type="checkbox"/> ASAP <input type="checkbox"/> Urgent (call to confirm) Special request: _____ | |
| Reason for referral (please check/circle where applicable) | | | | |
| CATARACT: <input type="checkbox"/> Ready for surgery <input type="checkbox"/> Patient undecided <input type="checkbox"/> Premium options discussed <input type="checkbox"/> IOL Master biometry preferred <input type="checkbox"/> Astigmatism correction candidate <input type="checkbox"/> Presbyopia treatment candidate | | | | |
| ANT SEGMENT: | Pterygium / Conjunctiva | Dry eye | Keratitis / Cornea | Iritis |
| GLAUCOMA: | Narrow angles | High IOP | Disc cupping | Field loss |
| PEDIATRICS: | Amblyopia | Strabismus | Tearing | |
| RETINA: | Diabetes | ARMD (dry / wet) | Retinal breaks | Macula check |
| OTHER: | | | | |
| Eye Exam | OD | OS | remarks/drawing: | |
| BCVA: | | | | |
| Refraction: | | | | |
| IOP: | | | | |

Additional information: _____
