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NORTH TORONTO EYE CARE

CONSULTATION REQUEST FORM

T. Hess
Cataract
Oculoplastics
Comprehensive

S. Hershenfeld
Comprehensive

T. Le
Cataract
Comprehensive
Pediatric

T. Rabinovitch
Cataract
Refractive (LASIK)
Cornea

T. Klein
Cataract
Glaucoma

G. Yau
Cataract
Retina



I. Ahmed
Cataract
Glaucoma
Complex Anterior Segment

V. Diaconita
Retina

M. Khan
Cataract
Oculoplastics
Comprehensive

T. Klein
Cataract
Glaucoma

M. Mills
Retina

N. Noordeh
Cataract
Cornea
Comprehensive

Amandeep Rai
Cataract
Comprehensive

E. Rastikerdar
Comprehensive

M. Roy
Comprehensive
Uveitis

M. Schlenker
Glaucoma
Complex Anterior Segment

R. Sharma
Cataract
Neuro-ophthalmology

J. Teichman
Cataract
Cornea

D. Varma
Cataract
Glaucoma
Complex Anterior Segment

Amrit Rai
Cataract
Comprehensive

G. Yau
Retina
Cataract

Referring Doctor: \_\_\_\_\_ OHIP Billing #: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

Given Name: \_\_\_\_\_ DOB (Y-M-D): \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Reminder Preference:  Email  Phone

Male  Female  Prefer Not to Say  Other:

Thank you for your referral.
If your patient has not heard back within
5 business days please let us know.

If you prefer a specific doctor, please circle their name on the left.
If you desire a specific location, please select it below.

LOCATION: [North Toronto Eye Care logo] [Prism logo]
 Any site  Toronto - Finch  Mississauga/Oakville
 Toronto - Elmwood  Brampton

URGENCY:

Non-Urgent
 Urgent (Desired Timeline \_\_\_\_\_)

REASON FOR REFERRAL (please check/circle where applicable):

LASIK / REFRACTIVE LENS EXCHANGE

Book pre-assessment

CATARACT

OHIP Only
 Enhanced Testing and Aspheric IOL
 Refractive Cataract Surgery
 Femtosecond Laser Assisted Surgery

DRY EYE

Interventional dry eye program
 Lipiflow/IPL

PERIORBITAL COSMETIC SURGERY / REJUVENATION

Upper lid blepharoplasty  Brow ptosis
 Lower lid blepharoplasty  Fillers/BOTOX

Please indicate on the diagram the areas of interest:

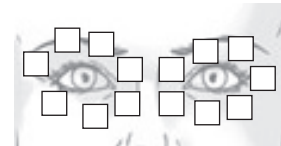


Table with 4 columns and 10 rows for clinical data including ANT SEGMENT, GLAUCOMA, RETINA, PLASTICS, OTHER, EYE EXAM, BCVA, Refraction, and IOP.

Additional Information: