

**URGENCY:**  Same Day  Urgent  Routine  Follow-up

**CONSULTATION REQUEST FORM**

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

**First Available**  
or  
 **Select Preferred Doctor:**

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

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

**I. Ahmed**  
Cataract, Glaucoma,  
Complex Anterior Segment

**Patient Name:** \_\_\_\_\_ **DOB (YY-MM-DD):** \_\_\_\_\_

**T. Klein**  
Cataract, Glaucoma

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

**M. Mills**  
Retina

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

**D. Varma**  
Cataract, Glaucoma,  
Complex Anterior Segment

**Mobile Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**W. Abdelghaffar**  
Cataract,  
Retina—Medical and Surgical

**Email (required):** \_\_\_\_\_

Male  Female  Prefer Not to Say  Other: \_\_\_\_\_

**M. Khan**  
Cataract, Oculoplastic,  
Comprehensive

**Patient Requirements:**  Transhelp  Cognitive Assistance  Mobility  Translation

*\*Clinic awareness only; services not provided*

**I. Kherani**  
Cataract, Glaucoma,  
Complex Anterior Segment

**Location:**  Brampton  Oakville  Any

**F. Moti**  
Comprehensive, Glaucoma

**N. Noordeh**  
Cataract, Retina, Cornea,  
Comprehensive

**Amandeep Rai**  
Cataract, Comprehensive

**Amrit 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

**J. You**  
Cataract, Glaucoma,  
Complex Anterior Segment

**J. Takhar** Comprehensive,  
Glaucoma

**T. Lukasik**  
Comprehensive, Glaucoma

**F. Mostofian**  
Comprehensive, Glaucoma

**R. Maharaj, OD**  
Ocular Surface Disease

**G. Grewal, OD**  
Ocular Surface Disease

**R. Yang, OD**  
Ocular Surface Disease,  
Specialty Contact Lenses

REASON FOR REFERRAL		
<b>CATARACT / IOL</b> <input type="checkbox"/> OHIP <input type="checkbox"/> Enhanced Testing / Distance Correction <input type="checkbox"/> Presbyopia-Correcting Refractive Surgery <input type="checkbox"/> Refractive Lens Exchange <input type="checkbox"/> PCO <input type="checkbox"/> IOL Dislocation	<b>GLAUCOMA</b> <input type="checkbox"/> Narrow Angle <input type="checkbox"/> Disc Cupping <input type="checkbox"/> Field Loss <input type="checkbox"/> High IOP _____ mm Hg Current Eye Drops: _____	<b>CORNEA / ANTERIOR SEGMENT</b> <input type="checkbox"/> Keratoconus <input type="checkbox"/> Pterygium <input type="checkbox"/> Other Cornea _____
<b>RETINA</b> <input type="checkbox"/> Retinal Tear/Detachment <input type="checkbox"/> Vein Occlusion <input type="checkbox"/> ARMD (Dry/Wet) <input type="checkbox"/> Flashes/Floaters <input type="checkbox"/> CME <input type="checkbox"/> Diabetes (Screen/NPDR) <input type="checkbox"/> Diabetes (PDR/DME) <input type="checkbox"/> Other Retina _____	<b>DRY EYE AND SPECIALTY SERVICES</b> <input type="checkbox"/> Intervention Dry Eye Program <input type="checkbox"/> IPL/Lipiflow/Probing <input type="checkbox"/> Specialty Contact Lens <input type="checkbox"/> Myopia Control	
<b>OCULOPLASTICS - Attach Eye Photos (if available)</b> <input type="checkbox"/> Blepharoplasty (cosmetic) <input type="checkbox"/> Entropion <input type="checkbox"/> Blepharoplasty (OHIP) <input type="checkbox"/> Ectropion <input type="checkbox"/> Ptosis <input type="checkbox"/> Epiphora <input type="checkbox"/> Botox <input type="checkbox"/> Chalazion <input type="checkbox"/> Dermal Fillers <input type="checkbox"/> Lid Lumps/Bumps		<b>ADDITIONAL INFORMATION:</b> _____ _____ _____ _____ _____
<b>EYE EXAM</b>	<b>OD</b>	<b>OS</b>
<b>BCVA</b>		
<b>Refraction</b>		
<b>IOP</b>		

Prism Eye Institute is partners with  
North Toronto Eye Care and  
North Toronto Eye Surgery Centre