



REFERRAL REQUEST FORM

PHONE: 1.905.212.9482
FAX: 1.905.212.1012

WEB: WWW.OCCYEYECARE.CA
EMAIL: INFO@OCCYEYECARE.CA

DR. FAREED ALI, MD, FRCSC
Ophthalmology, Practicing in Retinal Diseases
and Laser Refractive Surgery

DR. NARENDRA ARMOGAN, MD, FRCSC
Ophthalmology, Practicing in Retinal Diseases,
Vitreoretinal Surgery, and Cataract & Refractive Surgery

DR. DAN DEANGELIS, MD, FRCSC
Ophthalmology, Practicing in Ophthalmic
Plastic and Reconstructive Surgery

DR. DAVID YAN, MD, FRCSC
Ophthalmology, Practicing in Glaucoma
and Cataract Surgery

& ASSOCIATES

Thank you for your referral. All referrals will be arranged within 2 working days. If you have not been notified of a consultation date by that time, please phone our office directly. **Please ensure all information is legibly filled out below.**

Patient Surname: _____ First Name: _____

Patient Email: _____ Phone #: _____

Patient Address: _____ City: _____ Postal Code: _____

Patient DOB: DD/MM/YYYY _____ Health Card # & Version Code: _____

Referring Doctor: _____ 6 Digit Physician #: _____

Referring Doctor Phone: _____ Fax: _____

Referring Doctor Email: _____ OCC Location: Mississauga Vaughan

Consult request for: Dr. Fareed Ali Dr. Narendra Armogan Dr. David Yan Any Doctor
 Dr. Dan DeAngelis Dr. Alan Kosaric Dr. Dermot O'Brien
 Dr. Kwesi McGuire Other _____

Reason for referral:

- RETINAL DISEASE:** Diabetes ARMD Retina Tear PVD Uveitis
- GLAUCOMA:** High IOP Field Loss Disc Cupping Narrow angles
- CATARACT:** Right Eye Left Eye Laser Cataract (FEMTO)
- PLASTICS:** Eyelid Orbit Tear Duct Cosmetic
- REFRACTIVE:** LASIK/PRK ICL CLE Artificial Iris
- CORNEA:** Pterygium Scleral Lens Other
- OTHER:**

PRIORITY SCALE PLEASE CIRCLE ONE (1 = ROUTINE > 10 = URGENT) 1 2 3 4 5 6 7 8 9 10

EYE EXAMINATION	OD	OS
Best Corrected VA		
Refraction		
IOP		

Clinical History:

*Please give the next page directly to your patient. It provides important information about their OCC appointment and allows them to fill in their appointment dates and times.

*Please advise your patient to bring the following with them to their OCC appointment: **OHIP Card**, list of **current medications** &/or **eye drops**, most recent set of **glasses**, a responsible **driver** because their eyes may be dilated, and an **English translator**, if required.

OCC Office Use Only

Consultation Date & Time: _____



PATIENT APPOINTMENT INFORMATION

A consultation appointment has been requested for you at OCC Eyecare.
Our office will contact you with your appointment details once they have been confirmed.

Note that testing and follow up may be done at separate appointments.
Please be advised that your entire visit at OCC Eyecare may take 2-3 hours.

A

Box A

Appointment #1: Date: _____ Time: _____

Appointment #2: Date: _____ Time: _____

B

Box B

Your appointment has been scheduled with:

Dr. Fareed Ali Dr. Narendra Armogan Dr. David Yan

Dr. Dan DeAngelis Dr. Alan Kosaric Dr. Dermot O'Brien

Dr. Kwesi McGuire _____

C

Box C

Your appointment is scheduled at the following OCC location:

<p>Mississauga Main Office 1880 Sismet Road Mississauga, Ontario Phone: +1.905.212.9482 Fax: +1.905.212.1012</p>	<p>Vaughan Office 2630 Rutherford Road Unit 105 Vaughan, Ontario Phone: +1.905.212.9482 Fax: +1.905.482.1827</p>
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Please bring the following with you to your appointment:

- Ontario Health Card
- List of current medications and/or eye drops
- Most recent set of glasses
- A responsible driver because your eyes may be dilated at the appointment
- English Translator, if necessary

If you cannot attend the above appointment, please **contact OCC Eyecare directly by email**, at info@occeyecare.ca, or **phone**, at +1.905.212.9482, with a minimum of **48 hours' notice**.

For a full list of our office policies concerning your appointment, please visit www.occeyecare.ca or email info@occeyecare.ca for questions related to your appointments.