



# REFERRAL REQUEST FORM

PHONE: 1.905.212.9482  
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DR. FAREED ALI, MD, DABO, FRCS(C)  
Ophthalmology, Practicing in Retinal Diseases  
and Laser Refractive Surgery

DR. NARENDRA ARMOGAN, MD, FRCS(C)  
Ophthalmology, Practicing in Retinal Diseases,  
Vitreoretinal Surgery, and Cataract & Refractive Surgery

DR. DAN DEANGELIS, MD, FRCS(C)  
Ophthalmology, Practicing in Ophthalmic  
Plastic and Reconstructive Surgery

DR. DAVID YAN, MD, FRCS(C)  
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: \_\_\_\_\_